

COVID-19 TESTING – STAFF CONSENT

This form may be used to obtain consent from staff to test for COVID-19. Use of this form to obtain consent is voluntary.

COVID-19 is an infectious illness caused by the newly discovered coronavirus. For many the illness is mild, however, the elderly and those with underlying medical problems (such as heart disease, diabetes, chronic respiratory disease, and cancer) are more likely to develop a serious illness that may result in prolonged hospitalization, intensive care, or even death.

Long term care settings, such as nursing homes and assisted living facilities, are at high risk due to the number of residents that may suffer serious complications. Many people who are diagnosed with COVID-19 may not have typical symptoms such as fever, cough, or shortness of breath, and some may not develop any symptoms at all, even though they can still pass the infection to others.

Due to the high risk to residents and staff, all individuals who live or work in nursing homes and assisted living facilities are being offered testing for COVID-19 at no cost.

Each Nursing Home and Assisted Living facility must document and verify that testing has been offered and completed or refused, along with the results of any completed test.

INFORMED CONSENT FOR CORONAVIRUS (COVID-19) TESTING – STAFF

- I have read and understood the attached COVID-19 Frequently Asked Questions and Post-Test Instructions.
- I voluntarily agree to be tested for COVID-19, including any follow-up testing.
- I authorize the release of my test results, and any follow-up test results, to county and state public health departments, and to any other governmental entity, as required by law.
- I understand that a positive test result is a strong indication that I am infected with the virus that causes COVID-19 and I agree to isolate myself, as directed by my employer, state, and local health authorities, to avoid infecting others.
- As with all medical tests, I understand that there is a small chance the test may return results that are not correct.
- I have been told about the test’s purpose, procedure, benefits, and risks.
- I have received a copy of this informed consent document.
- I have been given the chance to ask questions and I understand that I can ask questions at any time.

SIGNATURE – Staff ➤	Name – Staff (<i>Print or type</i>)	Telephone Number	Date Signed (<i>mm/dd/yyyy</i>)
SIGNATURE – Parent/Guardian ➤	Name – Parent / Guardian (<i>Print or type</i>)	Telephone Number	Date Signed (<i>mm/dd/yyyy</i>)

DECLINATION – STAFF

I decline COVID-19 testing at this time. The facility has reviewed with me, and I understand, that because the potential risks of not participating in baseline testing include the possibility of me spreading the virus as an asymptomatic carrier, that I will not be allowed to work until I am tested.

SIGNATURE – Staff ➤	Name – Staff (<i>Print or type</i>)	Telephone Number	Date Signed (<i>mm/dd/yyyy</i>)
SIGNATURE – Parent/Guardian for Minors ➤	Name – Parent/Guardian (<i>Print or type</i>)	Telephone Number	Date Signed (<i>mm/dd/yyyy</i>)