



### Voluntary COVID-19 Testing Consent & Acknowledgement Form

BinaxNOW is an antigen test that detects the presence of the SARS-CoV-2, which is the virus that causes a COVID-19 infection, in about fifteen (15) minutes. The specimen for the test is collected via nasal swab. This test is completely voluntary and will not ever be administered unless this form is signed. A positive result of this test will be immediately reported to the Local Public Health Agency ("LPHA") so that it can begin contact tracing.

The control measures. The LPHA solely manages these efforts. Additionally, all test results will be shared with the Department of Health and Senior Services (DHSS) pursuant to state regulation.

BinaxNOW is currently only able to be administered to individuals suffering from symptoms consistent with an infection of COVID-19. A negative test result, however, may indicate that those symptoms are actually the result of a common cold, allergies, or a different illness. If symptoms consistent with an infection of COVID-19 develop or persist after a negative test result, consult with a health care provider or the appropriate LPHA to determine the best course of action.

Except as required by law, test results and testing information will be kept confidential by the institution health center, LPHA, and Department of Health and Senior Services.

Completing and signing this form serves as consent for the test to be performed on the named individual and is also an acknowledgment of the above statements as well as the content of the enclosed notice entitled "School Reporting of a Positive or Suspected COVID-19 Student or Employee." Upon request, this completed and signed form should be provided to the appropriate institution personnel.

#### CONSENT & ACKNOWLEDGMENT

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: (circle) Male Female Unknown

Physical Address (where you sleep): \_\_\_\_\_

Apt/Room Number: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Race: (circle one) White Black Asian American Indian/Alaskan Native Native Hawaiian/Other Pacific Islander  
Other Race Refuse to Answer Unknown

Ethnicity: (circle one) Hispanic Not Hispanic Unknown

Symptom(s): Cough Shortness of Breath Difficulty Breathing Fatigue Muscle/Body Aches Diarrhea  
Headache New Loss of Taste/Smell Sore Throat Congestion/Running Nose Nausea/Vomiting

Illness Onset Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Status of person to be tested (circle): Student Faculty Staff

Signature of person tested: \_\_\_\_\_