

Ferris State University
Consent to Test for COVID-19
and Release of Medical Results Form

1. I voluntarily consent and authorize Ferris State University (University) to conduct or supervise the collection, testing, and analysis of bodily samples periodically until August 31, 2021, for the purpose of determining the presence of COVID-19.
2. I acknowledge and understand that my COVID-19 diagnostic test (either PCR or Point of Care) will require the collection of an appropriate sample which may involve a nasal or throat swab inserted by myself or a healthcare worker.
3. I understand that there are risks and benefits associated with undergoing a diagnostic test for COVID-19 and there may be false positive or false negative test results. I have been given and read the Fact Sheet for Patients – BD Veritor System for Rapid Detection of Sars-CoV-2-BD.
4. I understand that a positive test result is an indication that I am infected with COVID-19 and must isolate myself consistent with the policies of the University.
5. I understand the University is not acting as a medical provider. I assume full responsibility to take appropriate action with my test results. I agree I will seek medical advice, care and treatment from my medical provider if I have questions or concerns, or if my conditions worsen.
6. I authorize my test results to be disclosed only to those Ferris State University officials or those acting on behalf of the University who have a need to know. If you are an employee your test results will be stored separate from your personnel file in order to limit access to this confidential information.
7. I understand that Ferris State University is required to submit positive results to the Michigan Health Department and other governmental agencies, however to the extent allowed by law, Ferris State University will maintain the confidentiality of the information I provide and the test results.

I acknowledge and agree that I have read, understand, and agree to the statements contained in this form and have been given the opportunity to ask questions.

Signature

Date

Print name