INSERT FACILITY LETTERHEAD

COVID-19 TESTING CONSENT FORM

____ I voluntarily consent and authorize for INSERT NAME OF FACILITY on my own behalf or on behalf of the person below for whom I am a legal guardian, to perform a COVID-19 diagnostic test through the collection of an appropriate sample through a nasopharyngeal swab, oral swab, or other recommended collection procedures.

The testing purpose, procedure, possible benefits and risks has been explained to me and I have had an opportunity to ask questions I may have. I authorize my test results to be disclosed to INSERT NAME OF FACILITY via email INSERT FACILITY EMAIL ADDRESS also to the county, state, or to any other governmental entity as may be required by law in conjunction with INSERT NAME OF FACILITY obligations for the reporting of communicable diseases. This report will include your name (or if under 19, your parent's name), address, age, date of birth, race, ethnicity, sex, phone number, marital status, and disease requiring the report.

I further understand that there are risks and benefits associated with undergoing a diagnostic test for COVID-19 and there may be a potential for false positive or false negative test results. If my test result should return positive, I am aware I need to see INSERT FACILITY CONTACT NAME for retesting.

____ I do not give permission to be tested. I am aware that I am refusing a condition required for the performance of work at INSERT NAME OF FACILITY. As such, I am aware that INSERT CONSEQUENCE SUCH AS TIME OFF IF SYMPTOMATIC OR WEAR FULL PPE IF NOT SYMPTOMATIC

> ***(EXAMPLE: I will not be scheduled to work for 14 days following day testing offered and will have to quarantine, possibly longer depending on current guidance from the Nebraska Department of Health and Human Services and/or our local Public Health Department. I also am aware this time will not be paid and I will be required to use any available Paid Time Off/Leave.)***

Printed name: _____

Signature: _____

Person for whom you are legal guardian (if applicable)_____

Date: _____Time:_____