## Consent for Rapid COVID‐19 Testing- Educational Staff

Voluntary Testing Consent & Acknowledgement Form

**SCHOOL OR DISTRICT**

Testing for COVID-19 is an important tool in the management of the pandemic. In-person learning in schools is supported by testing of symptomatic individuals, surveillance/screening testing, and by participation in the Test to Stay program. Current testing methods are safe and well-tolerated by children and adults. There is no charge for the tests conducted at schools.

Both positive and negative results will be reported to you. Information from positive cases will also be used for contact tracing, but the positive individual’s information will not be shared publicly.

Please read the COVID-19 test information fact sheet(s) about the different COVID -19 test(s) which are available in your school before signing this form and check the ones to which you consent. Your school uses the tests indicated by the checkmarks below: (School personnel to check box prior to release of consent form)

The Abbott BinaxNOW COVID-19 Ag ™Rapid Antigen

The BD Veritor ™ Plus System Rapid Antigen

The Visby Medical RT-PCR™ Rapid PCR

The Thermo Fisher Accula Rapid PCR™ Rapid PCR

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| Program Option | Description | t |
| Possible COVID Symptoms | Testing for COVID19 when potential COVID-19 symptoms are present | - Consent  - Do not Consent |
| Screening/staff | For those who choose weekly testing for COVID -19. Testing is available to anyone even if fully vaccinated with a booster. (Not recommend if you have had a documented COVID -19 infection in past 90 days.) | - Consent  - Do not Consent |
| Staff Surveillance | For school staff who have not been fully vaccinated who are required to test weekly unless they have had COVID -19 infection in the past 90 days | - Consent  - Do not Consent |
| Test to stay? | This option is for those who are school related contacts to a person who has tested positive. | - Consent  - Do not Consent |

By signing this consent, I hereby certify that I have reviewed the test manufacturer’s information documents provided by my school for the above tests. I hereby grant permission to school personnel to perform the COVID-19 tests throughout the school year. I understand that this consent is voluntary and may be revoked at any time with written notification to the school.

**Name of staff member:**  DOB:

**Signature staff** **member** Date: