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

Voluntary Testing Consent & Acknowledgement Form

**Add SCHOOL OR DISTRICT Name**

This consent is for rapid COVID-19 tests which may also test for Influenza A and B. These tests provide results within 15 to 30 minutes. There is no charge for these tests. Collection of the sample is by swabbing the front of the nose, not deep into the nose. Testing is voluntary and requires a signed consent. Testing is recommended for various reasons, for COVID-19 and Influenza like symptoms, COVID-19 school screening/surveillance, and Test to Stay program. Both positive and negative COVID -19 results will be reported to the New Mexico Department of Health and the New Mexico Public Education Department. If applicable, Influenza results will be reported to the staff member.

Please read the test information fact sheet before signing this consent. Signing this form serves as consent for the testing indicated above.

By signing this consent, I hereby certify that I have reviewed the test manufacturer’s information documents provided by my school grant permission to school personnel to perform the 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.

|  |  |  |
| --- | --- | --- |
| Program Option  | Description  |  |
| COVID -19 and Influenza like Symptoms | This option is for testing for COVID-19 when COVID-19 symptoms are present  |  -Do Consent - Do not Consent  |
| Staff Screening | This option is for those who want weekly testing for COVID-19. This is available to anyone even if fully vaccinated and received a booster. We do not recommend if there has been a COVID -19 infection in past 90 days.  | - Do Consent- Do not Consent |
| Staff Surveillance  | This option is for school staff who have not been fully vaccinated and are required to test weekly unless they have had COVID -19 infection in the past 90 days | - Do Consent- Do not Consent |
| Test to Stay | This option is for those who are exposed at school or a school sanctioned event to to a person who has tested positive. | - Do Consent- Do not Consent |

**Name of Staff Member:**  DOB:

**Signature of Staff** **Member** Date: