COVID-19 TESTING CONSENT FORM
FOR TEACHERS, STAFF, AND VOLUNTEERS

St. Joseph Catholic School (Fullerton)			
Patient Information			
Print Name:			
Tel./Mobile #:		Email address:	
Preferred method of contact:			
SS # (last 4 digits only)			
Address:			
City:		County:	
Zip Code:		Date of Birth:	

St. Joseph Catholic School (the "School"), is seeking your consent to test you for SARS-CoV-2, the virus that causes the novel coronavirus COVID-19. The School is partnering with the Maryland Department of Health (MDH) for a Pilot Program to provide onsite testing of students, teachers, staff, and volunteers at the School. This COVID-19 testing program is voluntary and meant to provide a convenient and prompt means to provide you testing for COVID-19 should you meet the following **Testing Criteria:**

    (1) Exhibits one or more symptoms of COVID-19,

    (2) Comes in close contact with a student, teacher, staff member, or volunteer with COVID-19 or exhibiting symptoms of COVID-19, OR

    (3) Is selected as part of periodic or widespread surveillance testing on the School campus.

This Pilot Program is entirely voluntary and your decision of whether to participate in this program will not affect your employment or volunteer status with the School. You are not required to consent to testing or the release of information, but if you do not consent, the School will be unable to provide you COVID-19 testing.

When will testing occur? If you consent, you will be eligible for testing if and when you meet the **Testing Criteria** described above. Testing is expected to continue for so long as MDH continues to provide testing supplies to the School as part of this Pilot Program.

How will the testing be conducted? If you consent, you will receive free diagnostic testing for the COVID-19 virus from the School nurse. Test specimens will be collected through a process that involves inserting a swab, similar to a Q-tip, into the nose. The specimens will be tested using two types of COVID-19 tests: (1) a Rapid Antigen Test (BinaxNOW COVID-19 Ag Card), and (2) PCR Test (CDC 2019-nCoV Real-Time PCR Diagnostic Panel). These tests are designed to detect if you currently have SARS-CoV-2, the virus that causes the disease known as COVID-19. The results of this test will not tell you if you had the virus in the past or if you have immunity to getting the virus in the future. For more information, please read the attached Patient Fact Sheets on each test.

When will test results be available? The Rapid Antigen Test does not require a clinical lab analysis and results will be available within approximately 15 minutes after the test is performed. The School will provide a copy of the Rapid Antigen Test results directly to you. The CDC recommends that a PCR Test also be used with a Rapid Antigen Test to validate the results of a positive test, which is why your specimens will be tested using both tests. You will be notified of the PCR Test result within approximately 2-5 days of the test, though results may take longer depending on current testing volumes.

You should seek **emergency care immediately** if you experience any of the following symptoms: trouble breathing, persistent pain or pressure in chest, new confusion, inability to wake or stay awake, bluish lips or face. This list is not exhaustive; you should call your doctor immediately about any other symptoms that are severe or concerning to you.

What should I do when I receive my results? If your test results are positive, please contact your doctor immediately to review the results and discuss what you should do next. You should stay at home and keep the School informed. As further outlined in the attached Fact Sheets for Patients, negative results mean that the virus was not detected in your test specimens. It is possible for the tests to produce incorrect negative results (called a "false negative") in some people who have COVID-19. If you test negative but have symptoms of COVID-19 or you have concerns about your exposure to COVID-19, you should call your doctor.

RELEASE OF INFORMATION

Information to be Released by School: By consenting to COVID-19 testing, you authorize the School to release your information, specimens, and test results to MDH for the purposes of performing COVID-19 testing and for public health surveillance purposes. The School may also be required by law to release your test results to federal, state, or local government authorities for public health surveillance and contact tracing purposes. Finally, the School may release information on your test results to school administrators, Office of Human Resources, and other officials within the Archdiocese of Baltimore charged with overseeing its COVID-19 monitoring program.

Information to be Released by MDH: By signing below, you authorize MDH to share your COVID-19 test results with the School, the health care provider who ordered the test, and certain federal, state, or local government agencies as required by law.

How long is this consent valid? This consent form is valid through the end of the 2020-2021 school year, unless I provide written notice to the contact person designated below that I wish to revoke my consent.

Can I revoke this consent? You have the right to revoke this consent form at any time by delivering a written notice to the School Principal or designated School Administrator. Your revocation will be effective upon receipt but will not affect any testing or release of information that occurs prior to receipt.

By signing below, I agree that:

- I have read and understand the information in this consent form and related documents and the School has answered any questions I have about the COVID-19 testing offered through this Pilot Program.
- I voluntarily agree to be tested for COVID-19.
- I acknowledge that a positive test result is an indication that I must self-isolate and wear a mask, and that I am responsible for contacting my doctor to seek medical advice, care, and treatment.
- I understand that my test results and related information will be shared as described in the Release of Information Section of this form.

Patient Signature: _____

Printed Name: _____ **Date:** _____

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