

# Consent For COVID-19 Antigen Testing

## Voluntary Testing Consent & Acknowledgement Form for Park Hill School District

Enclosed with this form is a notice entitled “School Reporting of a Positive or Suspected COVID-19 Student or Employee.” If that notice is not enclosed, it can be located at the following hyperlink:

<https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/pdf/school-covid-reporting.pdf>

BinaxNOW is an antigen test that detects the presence of the SARS-CoV-2, which is the virus that causes a COVID-19 infection, in about fifteen (15) minutes. The specimen for the test is collected via nasal swab. This test is completely voluntary and will not be administered unless this form is signed. As stated in the above notice, a positive result of this test will be immediately reported to the Local Public Health Agency (“LPHA”) so that it can begin contact tracing and instituting appropriate disease control measures. The LPHA solely manages these efforts. Additionally, all test results will be shared with the Department of Health and Senior Services pursuant to state regulation.

BinaxNOW is currently only able to be administered to individuals suffering from symptoms consistent with an infection of COVID-19. A negative test result, however, may indicate that those symptoms are more likely the result of a common cold, allergies, or a different illness. If symptoms consistent with an infection of COVID-19 develop or persist after a negative test result, consult with a health care provider or the appropriate LPHA to determine the best course of action.

Except as required by law, test results and testing information will be kept confidential by Park Hill School District, the LPHA, and Department of Health and Senior Services.

***By completing and signing this form, you voluntarily consent to the test being performed on the named individual, and you acknowledge that you have read and understand the above statements and the notice entitled “School Reporting of a Positive or Suspected COVID-19 Student or Employee.”***

**\*\*Please call 359.5326 when you arrive at the testing site.\*\***

### CONSENT & ACKNOWLEDGMENT

Name (Please Print):		DOB:	
Signature:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Address:		Phone:	
Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White/Caucasian American		Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	
<b>For District Use:</b>			
Received by:		Date:	Time:
Test Site:		Appointment Time:	Results: <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Inconclusive
Symptoms present & date symptoms began:			