

FIRST NAME: _____ LAST NAME: _____

Results will be communicated via phone once the testing is completed. If you have not received a call within 60 minutes, the result of your test was likely negative. Calls will come from a restricted phone number. A copy of your results will be sent via email this evening prior to midnight if an email address is provided on the form.

ARE YOU CURRENTLY SYMPTOMATIC (Y/N): _____

IF YES, DESCRIBE SYMPTOMS: _____

HAVE YOU BEEN IN CONTACT WITH ANYONE THAT HAS TESTED POSITIVE (Y/N): _____

IF YES, DESCRIBE WHO/WHEN: _____

VACCINATED (Y/N): _____ BRAND: _____ DATE OF LAST DOSE: _____

BOOSTER (Y/N): _____ BRAND: _____ DATE: _____

DATE OF BIRTH: _____ SEX: _____

ADDRESS: _____ CITY: _____

COUNTY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____

RACE (WHITE/BLACK/ASIAN/MULTI-RACE/OTHER): _____ HISPANIC (Y/N): _____

PREGNANT (Y/N): _____ DUE DATE(IF APPLICABLE): _____

DO YOU NEED A COPY OF RESULTS (Y/N): _____

IF YES, EMAIL ADDRESS: _____

CONFIRM EMAIL ADDRESS: _____

****PLEASE WRITE NEATLY AND LEGIBLY TO AVOID ANY DELAYS IN COMMUNICATION OF YOUR RESULTS****

PLEASE SIGN CONSENT FORM ON REVERSE SIDE OF REGISTRATION FORM.

INFORMATION BELOW THIS LINE TO BE COMPLETED BY CLINIC STAFF

TIME: _____ RESULT: _____

COVID-19 BASELINE TESTING – RESIDENT/PATIENT/CLIENT/EMPLOYEE CONSENT

This form may be used to obtain consent from a resident/patient/client or from the individual's representative to test for COVID-19. Use of this form to obtain consent is voluntary.

Coronavirus disease (COVID-19) is an infectious disease caused by a novel (newly discovered) coronavirus. COVID-19 cases have now been reported in all 50 states with many areas having wide-spread community transmission. It is likely that the novel coronavirus is circulating in most communities even if cases have not yet been reported.

Most people infected with the novel corona virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people, and those with underlying medical problems (such as cardiovascular disease, diabetes, chronic respiratory disease, and cancer) are more likely to develop serious illness. People with COVID-19 have had a wide range of symptoms reported, ranging from mild symptoms to severe illness, including hospitalization and death.

Symptoms may appear **2-14 days after exposure to the virus**. Signs and symptoms of COVID-19 include, but are not limited to:

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle pain
- Sore throat
- New loss of taste or smell

Given the population served (older adults often with underlying chronic medical conditions), residents/patients/clients are at the highest risk of being affected by COVID-19. If infected with the virus that causes COVID-19, residents/patients/clients are at increased risk of serious illness, hospitalization, and death.

Recent experience with outbreaks in nursing homes have indicated that residents and staff members infected with COVID-19 may not report typical symptoms, such as fever or respiratory symptoms. And, some may not report any symptoms at all. Unrecognized asymptomatic and pre-symptomatic infections contribute to the spread of the virus in nursing homes.

INFORMED CONSENT FOR CORONAVIRUS (COVID-19) BASELINE TESTING – RESIDENT/PATIENT/CLIENT/EMPLOYEE

- I have read the attached COVID-19 Fact Sheet regarding testing and authorize testing through a nasal (nasal pharyngeal swab) specimen to be obtained in accordance with the manufacturer's instruction and guidance from the PA DOH.
- I authorize my test results and any follow-up tests to be disclosed to my physician or authorized health care provider, the entity ordering the test, my employer or school, the county and state public health departments or to any other governmental entity as required by law.
- I understand that a positive test result is an indication that I am infected with the virus that causes COVID-19 and that I must isolate myself consistent with guidance from the local health department in an effort to avoid infecting others.
- I understand that, as with any medical test, there is the potential for false positive or negative test results to occur.
- I, the undersigned, have been informed about the test purpose, procedure, benefits, and risks and I have received a copy of this informed consent. I have been given the opportunity to ask questions before I sign, and I have been told that I can ask questions at any time. I voluntarily agree to be tested for COVID-19 and any follow-up testing.

SIGNATURE – Resident/Patient/Client/EMPLOYEE

SIGNATURE – Responsible Party

Date Signed (MM/dd/yyyy)

