UNIVERSITY HEALTH SERVICES INFORMED CONSENT FOR CORONAVIRUS (COVID-19) TESTING (page 1)

Please carefully read the following informed consent:

a. I authorize this COVID-19 testing unit to conduct collection and testing for COVID-19 through a nasopharyngeal swab, as ordered by an authorized medical provider or public health official.

b. I authorize my test results to be disclosed to the county, state, or to any other governmental entity as may be required by law.

c. I acknowledge that a positive test result is an indication that I must continue to self-isolate in an effort to avoid infecting others.

d. I understand that I am not creating a patient relationship with University Health Services by participating in testing. I understand the testing unit is not acting as my medical provider. Testing does not replace treatment by my medical provider. I assume complete and full responsibility to take appropriate action with regards to my test results. I agree I will seek medical advice, care and treatment from my medical provider if I have questions or concerns, or if my condition worsens.

e. I understand that, as with any medical test, there is the potential for false positive or false negative test results can occur.

AGREEMENT FOR SELF-ISOLATION

The local health jurisdiction has determined that if you are under suspicion for having COVID-19 due to symptoms and testing request, that it is necessary to be placed in isolation in order to prevent the transmission of this infection. It is important for you to comply with this Isolation Agreement in order to protect the public's health. Thank you for agreeing to cooperate.

Please carefully read and comply with the following statements:

a. I understand that I may be infected with the virus causing COVID-19 and that I meet criteria for isolation.

b. I agree that while I wait for my COVID-19 test results, I will remain in self-isolation.

c. I agree that if my COVID-19 test results are positive, I will remain isolated for 10 days from first day of symptoms OR from this day of testing OR until at least 72 hours after my symptoms have resolved, whichever is longer.

d. I agree that if my COVID-19 test results are negative and no known close contact to a COVID case, I will remain isolated until at least 24 hours after my symptoms have resolved.

e. I understand that if I am not isolated while ill, I could pose a substantial threat to the health of other persons.

f. I agree that I will not come into contact with any other person who is not isolated or ill due to potential COVID19 infection.

g. I agree that if my COVID-19 test results are positive, I will fill out the Student COVID Test Reporting Form located at https://forms.gle/fAoNnNGdoWigp7Fo9 and await further instructions from a staff member of Nicholls State University.

I, the undersigned, have been informed about the test purpose, procedures, possible 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 other questions at any time. I voluntarily agree to testing for COVID-19 and to self-isolation.

Signature of patient/guardian _____ Date _____

Relationship to patient _____

FLIP FORM OVER TO CONTINUE

UNIVERSITY HEALTH SERVICES INFORMED CONSENT FOR CORONAVIRUS (COVID-19) TESTING (page 2)

Test Number _____

Patient Information

Last Name **First Name** **Middle Name**

Campus ID/N# **Date of Birth** **Sex (at birth)**

Address **City** **State** **Zip**

Phone Number **E-mail address**

Race
- ☐ Asian
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White
- ☐ Other
- ☐ Unknown

Ethnicity
- ☐ Hispanic
- ☐ Non-Hispanic
- ☐ Unknown

Pregnant ☐ Yes ☐ No ☐ N/A

Your Rapid COVID Test…

SARS Coronavirus 2 RNA (Rapid PCR) or **SARS Coronavirus 2 Ag Rapid (Rapid Antigen)**

Result is:

Negative

Positive

☐ **Vaccinated**

First Dose: _____

Second Dose: _____

Booster Dose: _____

☐ **Unvaccinated**

Signature of Tester: _____

Test Date: _____