

## STAFF CONSENT FORM FOR COVID-19 TESTING

The **Interboro School District** takes the health and safety of our staff very seriously. As such, in addition to steps to screen for the virus and prevent its spread on a campus, we are adding a voluntary COVID-19 testing program for staff working in K-12 schools. This program uses two tests: Abbott Laboratories' BinaxNOW Ag Card Cue COVID-19 test, which are both rapid, point of care tests and have been provided by the federal government. The purpose of the program is to (a) provide quick testing for individuals who become symptomatic while on campus, to include being on the bus, or during school related activities, and (b) achieve viral reduction by conducting surveillance of individuals on a regular, routine basis. Both tests are being offered in addition to existing COVID-19 health and safety measures. While this program is optional, participation helps our school stay as healthy and safe as possible. This form provides consent for the tests to be administered. The tests will only be administered with your consent.

### How is the test performed?

Staff who are symptomatic, or part of a group that is designated for routine testing, will receive a free BinaxNOW antigen rapid test for the COVID-19 virus. Collecting a specimen for testing involves using a swab, similar to a Q-Tip, placed inside the tip of the nose. This is a self-swab test. If staff are unable/uncomfortable with performing the self-swab, a school staff member, who has been trained to use this test, will collect the specimen. A trained COVID-19 test administrator will oversee the process. Depending upon the results of the antigen test, a follow-up confirmatory diagnostic test may be conducted using the Cue COVID-19 test. The Cue COVID-19 test also uses a nasal swab. Test results will be made available to you by text message or email within 24 hours of the test.

### What should I do when I receive the test results?

If your test result is positive it means the virus was found in the specimen tested. You will be required to leave school and isolate at home per the current requirements. If your test result is negative it means the virus was not found in the specimen tested. If you display COVID-19 symptoms, or are a close contact of someone with COVID-19, you will be required to leave school and quarantine at home per the current requirements. In this instance, a follow up PCR test is necessary within 48 hours. In a small number of cases, tests sometimes produce incorrect results – showing negative results (called “false negatives”) in people who have COVID-19 or showing positive results (called “false positives”) in people who do not have COVID-19. Should you have further questions about test results, contact your doctor, a licensed medical authority, or your local health department.

### Disclaimer

While precautions will be taken for the safety of staff, please understand that neither the test administrator nor the school/school district, nor any of its directors, officers, employees, or organization sponsors are liable for any accident or injuries that may occur as a result of agreeing to the test.

### STAFF CONSENT FORM FOR COVID-19 TESTING

STAFF INFORMATION				
<b>Staff Name:</b> <i>Please print</i>				
<b>Cell/Mobile Phone:</b> <i>Results will be sent to this #</i>				
<b>Email Address:</b> <i>Results will be sent to this email</i>				
<b>Street Address:</b>		<b>City:</b>		<b>State:</b>
<b>Zip Code:</b>		<b>County:</b>		
<b>School:</b>				
<b>Date of Birth:</b> <i>(MM/DD/YYYY)</i>			<b>Age:</b>	
<b>Race/Ethnicity:</b>	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native American	<b>Gender:</b>
	<input type="checkbox"/> Black	<input type="checkbox"/> White	<input type="checkbox"/> Unknown	<input type="checkbox"/> Female
				<input type="checkbox"/> Male
				<input type="checkbox"/> Non-binary
CONSENT				
<p>By signing below, I give consent to the following:</p> <ul style="list-style-type: none"> <li>A. I authorize my school to conduct collection and testing for COVID-19 by nasal swab.</li> <li>B. I acknowledge that a positive test result is an indication that I must isolate at home per the current requirements.</li> <li>C. I acknowledge that a negative test result may result in me being required to quarantine at home per the current requirements.</li> <li>D. I understand my school is not acting as my medical provider, this testing does not replace treatment by my medical provider, and 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 their condition worsens.</li> <li>E. I understand my test results will be sent to the Chester County Health Department and the Pennsylvania Department of Health, as required by law.</li> <li>F. I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result.</li> </ul> <p>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 additional questions at any time. I voluntarily agree to this testing for COVID-19.</p>				
<b>Staff Signature:</b>			<b>Date:</b>	

\*\*\* Save this form to your computer and email the file to Marge Caldwell at [margaret.caldwell@interborosd.org](mailto:margaret.caldwell@interborosd.org)