

# CONSENT FORM FOR ADULTS COVID-19 TESTING



I authorize \_\_\_\_\_  
Name of School / School District

personnel to randomly collect and test a nasal sample from me for the presence of SARS-CO V-2 as part of the CDC Reopening Schools screening testing program, which supports the efforts of schools to reopen and operate safely.

The test being used is an antigen test for rapid detection of SARS-CoV-2. Antigen tests are designed to detect proteins from the virus which causes COVID-19 illness. I understand that my test results will be reported to the Oklahoma State Department of Health as the law requires. The release of any legally privileged and confidential records (e.g. educational and/or medical records) will be in accordance with applicable privacy protection laws, including the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA).

**Furthermore, I understand the potential risks of this nasal swab may include:**

- Possible discomfort or other complications that can happen during sample collection.
- Possible false positive (test is positive but I do not have the infection), false negative (test is negative but I have the infection) or inconclusive test results.

**Potential benefits include:**

- The result, along with other information, can help you make informed decision about your health and care.
- The result of this test may help limit the spread of COVID-19 to your family and others in your community and the school community.

**Notification of test result:**

- A negative test result will be communicated securely by a text message and email.
- A positive test result will be communicated by phone and securely through an email.

\_\_\_\_\_  
School Name

\_\_\_\_\_  
First Name Last Name Date of Birth

**INFORMATION FOR TEST RESULTS:**

\_\_\_\_\_  
Address Apt. City Zip code

\_\_\_\_\_  
Cell Number Email

\_\_\_\_\_  
Signature Date