



## Voluntary Testing Consent & Acknowledgement Form for Saint Louis Public 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 ever 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 District's Contact Tracing Team and the Local Public Health Agency ("LPHA") so that it can begin contact tracing and instituting appropriate disease control measures. 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 actually 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 the school district, LPHA, and Department of Health and Senior Services.

Completing and signing this form serves as consent for the test to be performed on the named individual and is also an acknowledgment of the above statements as well as the content of the enclosed notice entitled "School Reporting of a Positive or Suspected COVID-19 Student or Employee." Upon request, this completed and signed form should be provided to the appropriate school district personnel.

CONSENT & ACKNOWLEDGMENT Print name of person to be tested:

\_\_\_\_\_

Status of person to be tested (circle): **student/ employee/ other** \_\_\_\_\_ (explain)

Print parent/guardian name(ifapplicable): \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/guardian or person to be tested: \_\_\_\_\_

DISTRICT USE: Received by (name) \_\_\_\_\_ on (date) \_\_\_\_\_ Place of test administration: \_\_\_\_\_ on (date) \_\_\_\_\_

### For person tested

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ DOB (00/00/0000) \_\_\_\_\_

Address (#, city, state, zip) \_\_\_\_\_

Phone: Area Code \_\_\_\_\_ Phone \_\_\_\_\_

(11/20)