

EMPLOYEE CONSENT FORM FOR COVID-19 TESTING & RELEASE OF RECORDS

What is this form?

We are offering you the ability to test for COVID-19 infection. The Proviso Township High Schools District 209 (“School District”) has partnered with the University of Illinois (“Testing Partner”) to test School District students, teachers, staff members and others for COVID-19 infection. This form provides individual consent and authorization for the test to be conducted.

How often will the test be available?

We are arranging for our Testing Partner to test each person once per week.

What is the test?

If you consent, the testing partner will collect your saliva (spit) in order to provide a free diagnostic test for the COVID-19 virus.

How will I know if I test positive?

You will receive access to your test results via an online platform. Information about the platform will be sent to you separately in future correspondence. The School District will also receive results of your test and may notify you separately of any positive result.

What should I do when I receive my test results?

If your test results are positive, please contact your doctor immediately to review the test results and discuss next steps. You may not return to school/work until health and safety quarantine protocols have been completed.

If your test results are negative, this means that the COVID-19 virus was not detected in your saliva (spit).

Tests sometimes produce incorrect negative results called “false negatives” in people who have COVID-19. If you test negative but have symptoms of COVID-19, or if you have concerns about your exposure to COVID-19, you should call your doctor.

By participating and taking this test, you agree to release, defend and indemnify the District and its Testing Partners from any and all claims that you may have regarding the accuracy of the test and any actions that you take based upon the delivered results of the test.

Who will receive my test results? In addition to you receiving your test results, the School District and the Illinois Department of Public Health (“IDPH”) will receive your test results, consistent with IDPH guidance and the Illinois Control of Communicable Disease Code.

TO BE COMPLETED BY EMPLOYEE

<u>Employee Information</u>	
All sections required – please print clearly	
Print Name:	
Home Address:	
Tel./Mobile #:	
Email Address:	
Best way to contact you:	

By signing below, I attest that:

- I have signed this form freely and voluntarily.
- I consent to voluntarily be tested for COVID-19 infection.
- I understand that I may be tested multiple times while the program is available, and that I may participate in testing one time per week.
- I understand that this consent form will be valid throughout the time the program is available, unless I notify the designated contact person in writing that I revoke my consent.
- I understand that my test results and other information may be disclosed as permitted by law.

Signature of Employee:	Date: