# COVID-19 TESTING – STAFF CONSENT - SAMPLE

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| **This form may be used to obtain consent from staff to test for COVID-19. Use of** **this form to obtain consent is voluntary.**   Coronavirus disease (COVID-19) is an infectious disease caused by a novel (newly discovered) coronavirus. COVID-19 cases have now been reported in all 50 states with many areas having wide-spread community transmission. Older people, and those with underlying medical problems (such as cardiovascular disease, diabetes, chronic respiratory disease, and cancer) are more likely to develop serious illness.  Given their congregate nature and population served (older adults often with underlying chronic medical conditions), nursing home staff having close contact with residents and infectious materials are at high risk of becoming infected with COVID-19. Also, infected staff pose a significant risk to vulnerable residents as the virus is highly transmissible prior to any symptoms or signs. Residents and staff infected with COVID-19 may not report typical symptoms such as fever or respiratory symptoms and some may not report any symptoms at all.  Due to presence of COVID in long term care settings, Governor Walz has directed that all individuals who reside and work in nursing homes and assisted living settings be offered testing for COVID-19.  Each Nursing Home and Assisted Living shall maintain documentation and verification that testing has been completed including documentation related to any refusals to test by residents and staff. | | | |
| **INFORMED CONSENT FOR CORONAVIRUS (COVID-19) TESTING – STAFF** | | | |
| * I have read the attached COVID-19 Fact Sheet and consent to initial and follow up testing with a nasal or oral specimen to be obtained in accordance with the manufacturer’s instruction and guidance from the Minnesota Department of Health. * I authorize my test results to be disclosed to the county and state public health departments or to any other governmental entity as may be required by law. * I authorize the release of my results **to my employer** so that they know I am safe to continue working * I understand that a positive test result is an indication that I am infected with COVID-19 and I must isolate myself consistent with guidance from the local health department to avoid infecting others. * I understand that, as with any medical test, there is the potential for false positive or negative test results to occur. * I, the undersigned, have been informed about the test purpose, procedure, 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 questions at any time. I voluntarily agree to be tested for COVID-19 including follow-up testing that may be required. | | | |
| **SIGNATURE** – Staff   | Name – Staff *(Print or type)* | Telephone Number | Date Signed *(mm/dd/yyyy)* |
| **SIGNATURE** – Parent/Guardian   | Name – Parent / Guardian *(Print or type)* | Telephone Number | Date Signed (*mm/dd/yyyy)* |
| **DECLINATION – STAFF** | | | |
| I decline COVID-19 testing at this time. The facility has reviewed, and I understand, potential risks of not participating in baseline testing up to and including hospitalization and/ or death and may affect my ability to work until I am tested. | | | |
| **SIGNATURE** – Staff   | Name – Staff *(Print or type)* | Telephone Number | Date Signed *(mm/dd/yyyy)* |
| **SIGNATURE** – Parent/Guardian   | Name – Parent/Guardian *(Print or type)* | Telephone Number | Date Signed (*mm/dd/yyyy)* |