

STAFF CONSENT FORM FOR COVID-19 TESTING

The Dickinson Independent School District takes the health and safety of our staff, students and their families 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 K-12 COVID-19 testing program for students and staff. This program uses Abbott Laboratories BinaxNOW tests provided by the federal government. We will only test with your consent. If you are willing to provide consent for us to administer this test, please fill out this form.

What this the test?

If you are symptomatic, and if you consent, you will receive a free BinaxNOW 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. The Physician's Assistant at Gator Hope Clinic and DISD Lead Nurse, who have been trained to use this test, will collect the specimen. Test results will be made available by text message and email within 24 hours of the test. This program is **entirely optional** for you, although we hope you choose to have the test to keep our schools as healthy and safe as possible. The tests are being offered in addition to existing safety protocols such as mask-wearing, social distancing, and frequent disinfection of surfaces.

What should I do when I receive my test results?

If you test positive for the virus, you will be given instructions on completing the employee COVID health reporting form. We ask that you isolate at home until the infection period has ended (typically, after symptoms improve and at least 10 days from the date symptoms first appear) and you are no longer contagious. If your test results are negative but have symptoms of COVID-19 or have a known exposure to a person confirmed to have COVID-19, (for example, another student in the classroom), you may not return to work with a negative antigen test and must continue to isolate/quarantine. CDC recommends confirming negative antigen test results with an RT-PCR COVID-19 test within two days of the initial antigen testing.

Known Symptoms:

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus**. People with these symptoms may have COVID-19:

- Feeling feverish or a measured temperature greater than or equal to 100.0 degrees Fahrenheit
- Loss of taste or smell
- Cough
- Difficulty breathing
- Shortness of breath
- Fatigue
- Headache
- Chills
- Sore throat
- Congestion or runny nose
- Shaking or exaggerated shivering
- Significant muscle pain or ache
- Diarrhea
- Nausea or vomiting

This list does not include all possible symptoms.

Disclaimer:

While we realize precautions will be taken for the safety of staff and students, please understand that neither the test administrator nor the Dickinson Independent School District nor any of its trustees, officers, employees, or organization sponsors are liable for any accident or injuries that may occur to your child or yourself, as a result of agreeing to the test.

TO BE COMPLETED BY EMPLOYEE REQUESTING TESTING

Contact Information

You will be notified with test results either via cell phone or email, or both.

Print Name:					
Cell/Mobile #: <i>Note: results will be texted to this cell #</i>					
Email Address:					
List of symptoms:					
Date of symptom onset:					
Driver's License #: <i>(not required)</i>					
Street Address:		City:		State:	
Zip Code:		County:			
Campus:				First Covid test?	
Date of Birth: <i>(MM/DD/YYYY)</i>				Age:	
Race/Ethnicity:	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native American/Indigenous	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
	<input type="checkbox"/> Black	<input type="checkbox"/> White	<input type="checkbox"/> Unknown		<input type="checkbox"/> Other/Unknown

CONSENT

By signing below, I attest that:

- A. I authorize the school system to conduct collection and testing for COVID-19 by nasal swab.
- B. I acknowledge that a positive test result is an indication that I, must self-isolate and also continue wearing a mask or face covering as directed in an effort to avoid infecting others.
- C. I understand the school system 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.
- D. I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result.

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.

Signature:		Date:	
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