

PIERCE COUNTY MASS TESTING CONSENT FOR TESTING & DEMOGRAPHICS

Please print clearly or you may experience delays in your results. You can also fill out this form on your device

Name:		Date of Birth:	
Email:		Cell Phone:	
Address:		Zip Code:	
City:		State:	
Preferred Language (Check one)	English	Spanish	Russian
	Korean	Vietnamese	German
	Tagalog	Other:	

Check all that apply	Race	Check all that apply	Ethnicity
	American Indian or Alaska Native		Hispanic or Latino
	Black/African American		Not Hispanic or Latino
	Native Hawaiian or Pacific Islander		
	Asian		
	White		
	Other Race		

Consent for Testing:

By checking the box, I agree to a text message and/or email communication to receive my COVID-19 test results. (Only negative results will come via text or email. Positive tests will result in a phone call to the number listed above).

I authorize DispatchHealth to conduct collection and testing for COVID-19 through an anterior, mid-turbinate swab as ordered by a licensed medical professional.

I authorize my test results to be disclosed to the county, state, or to any other governmental entity as may be required by law.

I acknowledge that a positive test result is an indication that I must self-isolate and/or wear a mask or face covering as directed to avoid infecting others.

I understand the testing unit is not acting as my medical provider, this test does not replace treatment by my medical provider, and I assume complete and full responsibility to take the 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 my medical condition worsens.

I understand that, as with any medical test, there is the potential for a false positive (**test is positive but I do not have the infection**) or false negative (**test is negative but I do have the infection**) COVID-19 test result.

I, the undersigned, have been informed about the test purpose, procedures, possible benefits, and risks, and I can request 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.

Printed Name: _____ Today's Date: _____

Signature: _____