

PIERCE COUNTY MASS TESTING CONSENT FOR TESTING & DEMOGRAPHICS

Name of test site:					
Do any of the following apply to you?	Student	Faculty	Resident	Employee	Other/Not applicable

Name:			Date of Birth:		
Email:			Cell Phone:		
Address:			Zip Code:		
City:			State:		
Preferred Language (Circle 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, 'covered entity' or to any other governmental agency 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: _____