

CONSENT FORM FOR COVID-19 TESTING & RELEASE OF RECORDS

What is this form?

In accordance with Executive Order 2021-20 Issued August 26th, 2021, all School Personnel must be vaccinated against COVID-19 or undergo weekly testing. This form is seeking your consent to be tested on a minimally weekly basis in lieu of being vaccinated.

How often will I be tested?

We are arranging for our Testing Partner to test staff at least 1 time per week.

What is the test?

If you consent, you will receive a free diagnostic test for the COVID-19 virus conducted by collecting saliva (spit).

How will I know if I test positive?

You will receive access to your test results via an online platform which we will separately send you information about in future correspondence. School District U-46 will also receive results of your test and will 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. A U-46 registered nurse or other contact tracer will call you to discuss the timeline for your return to school/work, and gather additional information regarding any potential close contacts. You may not return back to school/work until you receive clearance from Health Services and Human Resources

If your test results are negative, this means that the COVID-19 virus was not detected in your saliva (spit). No further action is needed on your part.

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.

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 also receive your test results, consistent with IDPH guidance and the Illinois Control of Communicable Disease Code.

TO BE COMPLETED BY STAFF MEMBER

Staff Member Information All sections required – please print clearly	
Staff Member Print Name:	
Staff Member Date of Birth:	
Staff Member Gender:	
Employee ID Number	
Staff Member Home Address:	
Staff Member City, State, Zip Code:	
Staff Member Tel./Mobile #:	
Staff Member Email Address:	
Best way to contact you:	
Staff Member Race:	
Staff Member Second Race:	
Staff Member Ethnicity:	

By signing below, I attest that:

- I have signed this form freely and voluntarily.
- I consent to be tested for COVID-19 infection.
- I understand that I may be tested multiple times through the 2021-2022 school year, and that testing will occur at least 1 time per week.
- I understand that this consent form will be valid through the 2021-2022 school year, 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 Staff Member		Date:
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