

Clinton School District

Consent and Acknowledgement for Voluntary Testing with BianaxNow COVID-19 Antigen Testing

BianoxNow is an antigen test that detects the presence of the SARS-CoV-2, which is the virus that causes a COVID-19 infection, in about 15 minutes. The specimen for the test is collected via anterior nasal swab by a school nurse. This test is completely voluntary and will not ever be administered unless this form is signed. A positive result of this test will be immediately reported to the Local Public Health Agency (LPHA) so that it can begin contact tracing and instituting appropriate disease control measures. The LPHA solely manages these efforts. Additionally, all test results will be shared with the Department of Health and Senior Services pursuant to state regulation.

BianaxNOW is currently only able to be administered to individuals suffering from one high risk symptom or two symptoms consistent with an infection of COVID-19. A negative test result, however, may indicate that those symptoms are actually the result of a common cold, allergies, or a different illness. If symptoms consistent with an infection of COVID-19 develop or persist after a negative test results, consult with a health care provider or the appropriated LPHA to determine the best course of action. Students still may need to go home with a negative test till symptoms improve depending on symptoms and severity.

Except as required by law, test results and testing information will be kept confidential by the school district, LPHA, and Department of Health and Senior Services.

Completing and signing this form serves as consent for the test to be performed on the named individual and is also an acknowledgement of the above statements as well as the content of the enclosed notice entitled "School REporting of a Positive or Suspected COVID-19 Student or Employee." Upon request, this completed and signed form should be provided to the appropriate school district personnel.

Consent & Acknowledgement

Print name of person to be tested: _____

DOB: _____ Gender: _____ Ethnicity: (circle one) Hispanic Non-Hispanic

Race: (circle one) White Black Asian American Indian Other

Full address: _____

_____ Phone number: _____

Status of person to be tested (circle): student employee other _____ (explain)

Print parent/guardian name (if applicable): _____

Date: _____

Signature of person tested or parent/guardian: _____

DISTRICT USE:

Received by (name) _____ on (date) _____

Place of test administration: _____ on (date) _____