



SECTION:

**FORMS
COVID-19 Rapid Antigen
Testing
CONSENT FORM
March 2021**

**DATE APPROVED:
DATE LAST REVISED:
DATE LAST REVIEWED:**

<input type="checkbox"/> Employee <input type="checkbox"/> Person Supported		
First Name:	Last Name:	
Birth Year	Cell Phone Number	Program

Consent for Rapid Antigen Testing

Rapid antigen testing for the COVID-19 virus is used to detect the presence of viral proteins from the respiratory tract and is only used for screening and surveillance purposes, not diagnostic purposes. Regular screening will help identify those who may have be unknowingly carrying the virus without experiencing any symptoms and consequently are at risk of spreading infection. Rapid antigen testing is performed using a combined swab of the throat and both nares or nostrils. Results are ready in approximately 15 minutes. I will be informed of my results within 20 minutes if I choose **not** to wait inside the testing clinic.

All people who test positive will be contacted immediately and directed to self-isolate at home. A COVID-19 PCR test must be booked/done with the local assessment centre within 24 hours to confirm the preliminary positive result. I understand that my personal identifying information as noted above, my positive test result and any other information required **will be reported** by Community Living Parry Sound to the local health unit who will direct any further next steps.

All personal and health information will be collected, used, disclosed in accordance with relevant legislation, including the Personal Health Information Protection Act (PHIPA).

The Rapid Antigen Testing Pilot runs in cooperation with Ontario’s Ministry of Health. A component of the pilot requires regular reporting to the Ministry of non-identifying information. I understand that Community Living Parry Sound will report my test results to the Ministry of Health for evaluation purposes and my personal information will not be shared with the Ministry of Health.

By signing this consent form, I acknowledge that I have read the consent form (or have had it read to me) and confirm that I consent to receive rapid antigen testing. I am aware of the testing process and I consent to the collection, use and disclosure of my results and information as described above. This consent is valid until consent is withdrawn which can be done at any time.

I consent to receiving my <u>negative</u> results by: <input type="checkbox"/> Telephone Call <input type="checkbox"/> Text Message	I understand that I will be notified directly by telephone call if my results indicate a preliminary <u>positive</u> . I will keep my telephone near me until I receive my results.
Signature	Date

Disclaimer: The Participant agrees to indemnify and save harmless Community Living Parry Sound from all legal claims including all costs, losses damages, judgements, claims, demands, suits, actions, complaints or other proceedings in any manner made against Community Living Parry Sound in respect of any negligent act or omission of the Participant related to the Program. The information received is not to be relied on for any diagnostic purposes and should not be used as a substitute for professional diagnosis. March 31, 2021.

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