

Applicant Information

<input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Visitor <input type="checkbox"/> Person-Served <input type="checkbox"/> Student		
First Name		Last Name
Date of Birth	Telephone Number	Work Site

Consent for Rapid Antigen Testing

<p>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 be unknowingly carrying the virus without experiencing any symptoms and consequently are at risk of spreading the infection. Rapid antigen testing is performed using a nasal swab with results provided in approximately 15 minutes. I will be informed of my results within 1 hour if I choose not to wait at the testing clinic.</p> <p>I understand that identifying information about me, which includes name, date of birth, telephone number, results and any other information required for rapid antigen testing. All staff who test positive will be contacted immediately and directed to self-isolate at home and book a COVID-19 test at a regional assessment centre within 24 hours to confirm positive or negative results.</p> <p>I understand that all positive results will be reported immediately to regional Public Health 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).</p> <p>The Rapid Antigen Testing Program runs in cooperation with Ontario's Ministry of Health. A component of the program involves regular reporting to the ministry of non-identifying information. I understand that my personal information will not be shared with the Ministry of Health.</p>	
<p>By signing this consent form, I acknowledge that I have read the consent form and confirm that I consent to receive rapid antigen testing, I am aware of the testing process and that I consent to the collection, use and disclosure of my personal information as described above. This consent is valid until consent is withdrawn which can be done at any time.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>I consent to receive <u>negative</u> test results by:</p> <input type="checkbox"/> Telephone Call <input type="checkbox"/> Email: _____ <input type="checkbox"/> Text Message <input type="checkbox"/> Nucleus Combox	<p>I understand that I will be notified by telephone call if my results indicate a preliminary <u>positive</u>.</p> <p>I will keep my telephone near me until I receive my results.</p>
Applicant Signature	Date