

# COVID-19 Rapid Antigen Testing Consent Form

## Personal Information

<input type="checkbox"/> Employee <input type="checkbox"/> Volunteer/Student <input type="checkbox"/> Visitor <input type="checkbox"/> Person Supported			
First Name		Last Name	
Date of Birth (YYYY/MM/DD)	Telephone Number	Home/Program Location	

## 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 deep nasal swab (approximately 2.5cm) of both nostrils. Results are ready in approximately 15 minutes. I will be informed of my results within 1 hour if I choose <b>not</b> to wait at the testing clinic.</p> <p>All people who test positive will be contacted immediately and directed to self-isolate at home. A COVID-19 test must be booked <b>within 24 hours</b> at a Waterloo Region Public Health testing site 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 <b>will be reported</b> by KW Habilitation to Waterloo Public Health who will direct any further next steps.</p> <p>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 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 KW Habilitation will report my test results to the Ministry of Health for evaluation purposes and my <b>personal information will not be shared</b> with the Ministry of Health.</p>	
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 This consent is valid until consent is withdrawn which can be done at any time.	<input type="checkbox"/> Yes  <input type="checkbox"/> No
I consent to receiving my <u>negative</u> results by: <input type="checkbox"/> Telephone Call <input type="checkbox"/> Email: _____ <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

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Disclaimer: The Participant agrees to indemnify and save harmless KW Habilitation from all legal claims including all costs, losses, damages, judgments, claims, demands, suits, actions, complaints or other proceedings in any manner made against KW Habilitation 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 3, 2021