

COVID-19 TESTING – CONSENT FORM

This form is to obtain consent from a student or from a student parent/guardian to test for COVID-19. Use of this form to obtain consent is voluntary.

Coronavirus disease (COVID-19) is an infectious disease caused by a novel (newly discovered) coronavirus. COVID-19 cases have now been reported in all 50 states with many areas having wide-spread community transmission. It is likely that the novel coronavirus is circulating in most communities even if cases have not yet been reported.

Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people, and those with underlying medical problems (such as cardiovascular disease, diabetes, chronic respiratory disease, and cancer) are more likely to develop serious illness. People with COVID-19 have had a wide range of symptoms reported, ranging from mild symptoms to severe illness, including hospitalization and death. Symptoms may appear **2-14 days** after exposure to the virus.

Signs and symptoms of COVID-19 include, but are not limited to:

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle pain
- Sore throat
- New loss of taste or smell

INFORMED CONSENT FOR CORONAVIRUS (COVID-19) TESTING –

- I have read the consent form in its entirety.
- I authorize my test results to be disclosed to the county and state public health departments or to any other governmental entity as may be required by MN law.
- I authorize my results to the Minneapolis Public Schools (MPS) Contact Tracing team
- I understand that a positive test result is an indication that I am infected with COVID-19 and that I must isolate myself consistent with guidance from the local health department to avoid infecting others.
- I understand that, as with any medical test, there is the potential for false positive or negative test results to occur.
- I, the undersigned, have been informed about the test purpose, procedure, benefits, and risks and I have received a copy of this informed consent. I have been given the opportunity to ask questions before I sign, and I have been told that I can ask questions at any time. I voluntarily agree to be tested for COVID-19.

Student ID:	Student Name (please print):	
Student Date of Birth:	Signature of Student	Date signed(MM/DD/YY)
Parent/Guardian Signature	Date signed(MM/DD/YY)	Student cellphone number:

3/2021