Noblesville Urgent Care COVID-19 Rapid 15-minute TESTING CONSENT FORM

Patient Name:_____Date of Birth:_____

COVID-19 Screening: *Have you experienced any of these symptoms in the last 14 days?*

Fever (>100.4ºF) or chills	□ YES	□ NO
Cough	□ YES	□ NO
Shortness of breath or difficulty breathing	□ YES	□ NO
Fatigue	□ YES	□ NO
Muscle or body aches	□ YES	□ NO
Headache	□ YES	□ NO
New loss of taste or smell	□ YES	□ NO
Sore throat	□ YES	□ NO
Congestion or runny nose	□ YES	□ NO
Nausea or vomiting	□ YES	□ NO
Diarrhea	□ YES	□ NO
Have you been in close contact with a person known/suspected to have Coronavirus (COVID-19)	□ YES	□ NO
Have you been diagnosed with COVID-19	□ YES	□ NO

Purpose of COVID-19 Antigen Testing: *What is your reason(s) for testing?*

I have signs or symptoms consistent with COVID-19 If so, the date you start feeling sick: _____ OR how many days ago you start feeling sick? _____	□ YES	□ NO
I have been in close contact with a person known/suspected to have Coronavirus (COVID-19) If so, the date of exposure: _____ OR how many days ago you got exposed? _____	□ YES	□ NO
Public health surveillance	□ YES	□ NO
I have been diagnosed with COVID-19 and need test for resolution. If so, how many days have you been self-quarantine? _____ Please write test date(s): _____ and Please check test method(s): Antibody test(s): _____ or Viral test(s) (Nucleic Acid: _____ or Antigen: _____)	□ YES	□ NO
I plan to participate in special settings with vulnerable populations in close quarters for extended periods of time such as …	□ YES	□ NO
Surgery or Procedure	□ YES	□ NO
Travel	□ YES	□ NO
Nursing Home Facility	□ YES	□ NO
School or Sports	□ YES	□ NO
Work	□ YES	□ NO
Other reasons (Please list): _____ _____ _____	□ YES	□ NO

Noblesville Urgent Care Informed Consent for COVID-19 Antigen Testing:

I give permission for Noblesville Urgent Care staff to perform a Sofia 2 SARS Antigen FIA test on me to detect proteins from the virus that cause COVID-19. The testing process has been explained to me and I have had an opportunity to ask any questions I may have. I have also received a printed fact sheet with information on the Sofia 2 SARS Antigen FIA test. I acknowledge that Noblesville Urgent Care cannot guarantee the accuracy of the result and that it may be necessary for me to undergo additional testing in the future. I recognize that even if I have a negative result now, I can still contract COVID-19 in the future. Administering the test does not create a patient/physician relationship between me and Noblesville Urgent Care or any of its employees, nor does it obligate Noblesville Urgent Care or its staff to perform any other care or treatment for me. I authorize Noblesville Urgent Care to receive my test results and convey them to me. I understand by undergoing the test Noblesville Urgent Care may have to report the results to the Indiana State Department of Health (ISDH) or other agencies.

I will continue to wear a mask in public to prevent new exposure to COVID-19. If test result is POSITIVE, I will self-quarantine for at least 2 weeks and get in touch with ISDH (Indiana State Department of Health) for further instructions including contact tracing. If I get sick including Trouble Breathing, Persistent pain or pressure in the chest, New confusion or inability to arouse, Bluish lips or face, I will go to nearby ER for further evaluation and treatment.

Name of Patient Printed: _____

Signature: _____

If minor, please sign by Legal Guardian and also print name of Legal Guardian

Date: _____

Witness: _____

========== below Testing Personnel USE only ==========

Current Body Temperature: _____; Date & Time obtained _____

Results of COVID-19 Antigen Testing: (Circle test result and then initial and Cross out the other result)

NEGATIVE **_____ (initial by testing personnel)**

Please continue to wear a mask in public to prevent new exposure to COVID-19.

POSITIVE **_____ (initial by testing personnel)**

If test result is POSITIVE, you are <u>required</u> to self-quarantine for at least 2 weeks and get in touch with ISDH (Indiana State Department of Health) for further instructions including contact tracing. If you are getting sick including Trouble Breathing, Persistent pain or pressure in the chest, New confusion or inability to arouse, Bluish lips or face, please go to nearby ER for further evaluation and treatment.