



Informed Consent for COVID-19 Testing

I understand that COVID-19 has been declared a global pandemic by the World Health Organization (WHO). I further understand that COVID-19 is extremely contagious and may be contracted from various sources. I understand COVID-19 has a long incubation period during which carriers of the virus may not show symptoms and still be contagious.

I understand that I am the decision maker for my healthcare. I also understand SARS-CoV-2 testing has limitations and that determining who has COVID-19 is challenging. This informed consent acknowledges my understanding and agreement regarding the benefits and risks as a participant in testing for the purposes of screening and surveillance during this pandemic.

Please read carefully and sign the following informed consent:

1. I authorize UGA's COVID-19 testing unit to conduct collection and testing for COVID-19 through a nasopharyngeal swab for screening and surveillance purposes.
2. I authorize my test results to be disclosed to the Georgia Department of Public Health as required by law.
3. I acknowledge that a positive test result is an indication that I must self-isolate in an effort to avoid infecting others.
4. I understand that I am required to submit a notification through DawgCheck should I test positive for COVID.
5. I understand UGA's COVID-19 testing unit is not acting as my medical provider, this testing does not replace treatment by my medical provider, and I assume complete and full responsibility to take appropriate action with regards to my test results. I agree I will seek medical advice, care and treatment from my medical provider if I have questions, concerns, or I develop symptoms.
6. I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result.

I, the undersigned, have been informed about the test purpose, procedures, possible benefits and risks of this test. I have been given the opportunity to ask questions before I sign, and I have been told that I can ask additional questions at any time.

Signature

Circle one: Student Staff Faculty Affiliate/other

First Name Last Name

Date

Preview

Only