

## STAFF CONSENT FORM FOR OPTIONAL COVID-19 TESTING

The Amarillo Independent School District takes the health and safety of our students and their families very seriously. As such, in addition to steps to screen for the virus and prevent its spread on a campus, we are adding a voluntary K-12 COVID-19 testing program for staff and students. This program uses Abbott Laboratories BinaxNOW tests provided by the federal government. You will only be tested with your consent.

**What is the test?** If you are symptomatic, if you consent, you will receive a free BinaxNOW rapid test for the COVID-19 virus. Collecting a specimen for testing involves using a swab, similar to a Q-Tip, placed inside the tip of the nose. A staff member who has been trained to use this test will collect the specimen and a trained COVID-19 test administrator will oversee the process. Test results will be made available to the staff member who signs this form below. The results will be sent by text message and email within 24 hours of the test, typically within 1 hour. This program is **entirely optional** for staff and students, although we hope you choose to have the test to keep our schools as healthy & safe as possible. The tests are being offered in addition to existing safety protocols such as mask-wearing, social distancing, and frequent disinfection of surfaces.

### **What should I do when I receive my test results?**

With a positive result, we ask that you follow the AISD reentry criteria. If your test results are negative, the virus was not found in the specimen tested and you may continue to report to work without interruption. In a small number of cases, tests sometimes produce incorrect results – showing negative results (called “false negatives”) in people who have COVID-19 or showing positive results (called “false positives”) in people who don’t have COVID-19. If you test negative but have symptoms of COVID-19, or if you have concerns about your exposure to COVID-19, you should call your doctor, a licensed medical authority, or your local health department.

### **Known Symptoms:**

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus**. People with these symptoms may have COVID-19:

- Feeling feverish or a measured temperature greater than or equal to 100.0 degrees Fahrenheit
- Loss of taste or smell
- Cough
- Difficulty breathing
- Shortness of breath
- Fatigue
- Headache
- Chills
- Sore throat
- Congestion or runny nose
- Shaking or exaggerated shivering
- Significant muscle pain or ache
- Diarrhea
- Nausea or vomiting

This list does not include all possible symptoms.

**BY AGREEING TO THE VOLUNTARY COVID-19 TEST AND PROVIDING THE CONSENT BELOW, YOU ARE ACKNOWLEDGING AND AGREEING THAT NEITHER THE TEST ADMINISTRATOR NOR THE AMARILLO INDEPENDENT SCHOOL DISTRICT, NOR ANY OF ITS TRUSTEES, OFFICERS, EMPLOYEES, OR ORGANIZATION SPONSORS ARE LIABLE FOR ANY ACCIDENTS OR INJURIES THAT MAY OCCUR TO YOU AS A RESULT OF AGREEING TO THE VOLUNTARY COVID-19 TEST. FURTHER, YOU RELEASE, DISCHARGE AND HOLD HARMLESS THE AMARILLO INDEPENDENT SCHOOL DISTRICT, ITS TRUSTEES, OFFICERS, EMPLOYEES, AND ORGANIZATION SPONSORS, FROM ANY AND ALL CLAIMS, LIABILITY AND/OR DAMAGES, OF WHATEVER KIND OR NATURE, ARISING OUT OF OR IN CONNECTION WITH THE VOLUNTARY COVID-19 TEST AND ANY RESULTS.**

**TO BE COMPLETED STAFF MEMBER**

**Personal Information**

*You will be notified with test results either via cell phone or email, or both.*

<b>Print Name:</b>				
<b>Cell/Mobile #:</b> <small>Note: results will be texted to this cell #</small>				
<b>Email Address:</b>				
<b>Camus/Department and Assignment:</b>				
<b>Driver's License #:</b>				
<b>Street Address:</b>		<b>City:</b>		<b>State:</b>
<b>Zip Code:</b>		<b>County:</b>		
<b>Date of Birth:</b> <small>(MM/DD/YYYY)</small>			<b>Age:</b>	
<b>Race/Ethnicity:</b>	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native American/Indigenous	<b>Gender:</b>
	<input type="checkbox"/> Black	<input type="checkbox"/> White	<input type="checkbox"/> Unknown	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/Unknown

**CONSENT**

By signing below, I attest that:

- A. I authorize the school system to conduct collection and testing of me for COVID-19 by nasal swab.
- B. I acknowledge that a positive test result is an indication that I must self-isolate and also continue wearing a mask or face covering as directed in an effort to avoid infecting others.
- C. I understand the school system 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 or concerns, or if their condition worsens.
- D. 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, 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 additional questions at any time. I voluntarily agree to this testing for COVID-19. I agree to the terms set forth in this consent form.

<b>Signature:</b>		<b>Date:</b>	
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All individuals must pre-register *before arriving at the testing site*, by using the QR Code or link below.

<https://register.txrapidtest.org/>



*Once you have created your personalized QR code, print a copy or save it to your phone to bring to the testing site.*