

ALABAMA COVID-19 SCREENING TESTING CONSENT FORM

Faculty/Staff/Adult Participants

School Name: _____

First Name: _____ Last Name: _____

Date of Birth (MM/DD/YYYY): _____

By signing below, I attest that:

- I am the individual named above.
- I am legally authorized to make healthcare-related decisions for myself.
- I have signed this form freely and voluntarily.
- I consent to be tested for COVID-19 infection through the school-based routine COVID-19 screening (testing) program.
- I understand that there is no cost to me or to my family for these screening tests.
- I understand that the testing program will follow the Centers for Disease Control and Prevention (CDC) Guidelines related to test type and frequency.
- I understand that this test uses a simple collection procedure of inserting a soft swab a short way into the nose or by collecting saliva samples.
- I understand that there is the potential for a false positive or false negative COVID-19 test result, no matter the kind of testing being performed.
- I agree to indemnify, defend, and hold harmless the school, the screening testing vendor, the Alabama Department of Public Health and the University of Alabama at Birmingham, and all of their employees, officers, directors and trustees, from any/all liabilities, claims or actions arising out of or related to the performance of this testing.
- I understand that my test results will be made available to me through a secure data portal.
- I understand that if I have a positive test result, the testing staff will notify me directly via the preferred method of communication that I indicate below (example: email, text message).
- I understand that all results will be reported individually to me, and individually by name and in aggregate to the Alabama Department of Public Health and to designated school officials whose roles include managing contacts of individuals carrying the COVID-19 virus.
- I understand that all results will be reported in aggregate to the University of Alabama at Birmingham program staff whose roles include providing management support for the testing program.

- I understand that participation in COVID-19 testing may require the school to disclose my identity, demographic, and contact information to the testing provider and may require the school to disclose my identity, demographic, and contact information to the Alabama Department of Public Health. I authorize the school to disclose such personally identifiable information (PII) as is required for me to participate in COVID-19 testing.
- I understand that this consent form will be valid for one year from the date of my execution of this consent unless I notify the designated contact person from my school in writing that I revoke my consent.
- I understand that authorizing these COVID-19 tests for myself is optional and that I can refuse to give this authorization, in which case, I will not be tested.
- I understand that I can change my mind and cancel this permission at any time, but that such cancellation is forward-looking only, and will not affect information previously released. To cancel this permission for COVID-19 testing, I need to contact the identified testing coordinator of the school where I will be tested.
- I have been told that I can ask additional questions at any time.
- I have provided accurate and up-to-date contact information below.

Consent. I grant permission for the testing and reporting described in this Form.

Legal Name (*Printed*): _____

Signature: _____

Date of Consent (*MM/DD/YYYY*): _____ Phone Number: _____

Email Address: _____

Please check the box beside your preferred method of contact. This is how the vendor will contact you should your child have a positive test. Email Text Message

Please complete this additional information about yourself.

Home Address (*street, city, zip code, county*): _____

Age (*as of your last birthday*): _____

Race (*check one*): American Indian/Alaska Native Asian Black/African American Native Hawaiian/Other Pacific Islander White Other Race

Ethnicity (*check one*): Hispanic/Latino Not-Hispanic/Latino

Sex (*check one*): Male Female Prefer Not To Disclose

Official Project Statement:

The UAB School of Public Health is currently collaborating with the Alabama Department of Public Health and the Alabama State Department of Education to offer voluntary asymptomatic COVID-19 testing in Alabama K-12 schools to students, faculty, and staff. The COVID Testing in Alabama K-12 Schools Program is fully funded by \$147 million by the U.S. Department of Health and Human Services (HHS) Federal Funds. Learn more by visiting <https://sites.uab.edu/covidalk12>.