

Please carefully read and sign the following Informed Consent:

1. I authorize the COVID-19 testing unit provided by Gannon University to conduct collection through a nasopharyngeal swab for COVID-19, and for testing to be completed by Gannon University staff or staff subcontracted by Gannon University.
2. I authorize my information to be entered into the Gannon Testing Schedule and Results Document for tracking and managing purposes.
3. I authorize my test results and other information to be disclosed to only entities and/or individuals necessary for mitigation purposes or as is required by law (e.g., CDC, Local Department of Health, the NCAA, or the PSAC).
4. I acknowledge that a positive test result is an indication that I must self-quarantine or isolate at home and avoid contact with all others. If living with others, I will practice social distancing and wearing of a mask in an effort to avoid infecting others.
5. I acknowledge that a positive test result needs to be confirmed with a diagnostic test sample collection at a local COVID-19 testing site.
6. I understand Gannon University 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.
7. 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 will be provided with a copy of this Informed Consent should I request one. I have been given the opportunity to ask questions before I sign, and I understand that I can ask additional questions at any time.

I agree to this testing for COVID-19. I understand this Consent is applicable to all COVID-19 testing for the 2021-2022 academic year, in whatever frequency administered (e.g., for routine surveillance testing, as required for athletic participation, return-to-campus following international/cruise travel, symptomatic referral, etc.), unless revoked in writing signed by me.

By clicking Accept below, I acknowledge that I have read, understand, and provide consent for COVID-19 testing.