

Please carefully read and sign the following Informed Consent:

1. I authorize the COVID-19 testing unit provided by Gannon University to conduct sample 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, PSAC, etc.).
4. I understand that as a matter of public health, my sample may be used for sequential testing to determine variants and/or the presence of influenza to establish the occurrence and frequency of co-infections.
5. I acknowledge that a positive test result is an indication that I must isolate at home or another acceptable space 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.
6. I understand that test results reported by Gannon University may not be acceptable evidence for use by other third parties requiring COVID-19 documentation and I will need to secure testing through a diagnostic COVID-19 testing site for this purpose.
7. 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 regard to my test results and my health.
8. I understand that, as with any medical test, my results are based on the sample collected and being testing at a particular point in time.

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 2022-2023 academic year, in whatever frequency administered (e.g., as required for athletic participation, symptomatic referral, to test out early from isolation, 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.