

***Gannon University - COVID-19 Testing: Informed Consent
(For general use for Students, Faculty, Staff, and Affiliates)***

Please carefully read and sign the following Informed Consent:

1. I authorize this COVID-19 testing unit provided by Gannon University to conduct collection through a nasopharyngeal swab for COVID-19 and testing to be provided by Gannon University staff or staff subcontracted by Gannon University.
2. I authorize my personal information 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 any entity and/or individual as may be required by law (e.g., CDC or Local Department of Health), the NCAA, the PSAC, or Gannon University policy.
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. I agree I will seek medical advice, care, and treatment from my medical provider if I have questions or concerns or if I become ill or my condition worsens.
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 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 understand this Consent is applicable to all COVID-19 testing for the 2020-2021 academic year, in whatever frequency administered, unless revoked in writing signed by me.

Signature of Individual to be tested

Date _____

If a minor, Signature of Parent or Guardian

Date _____

The following information must be printed:

Individual's Last Name, First Name

Parent or Guardian's Last Name, First Name

Gender, for testing purposes only: Male _____ **or Female** _____ **Date of birth:** _____

Email: _____ **Phone:** _____