COVID-19/INFLUENZA TESTING CONSENT FORM FOR UNIVERSITY OF WISCONSIN SYSTEM SCHOOLS | WEBER HEALTH LOGISTICS

COVID-19 is an infectious disease caused by a novel (newly discovered) coronavirus (SARS-CoV-2). COVID-19 cases have now been reported in all 50 states with many areas having widespread community transmission.

Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people, and those with underlying medical problems (such as cardiovascular disease, diabetes, chronic respiratory disease, and cancer) are more likely to develop serious illness.

People with COVID-19 have had a wide range of symptoms reported, ranging from mild symptoms to severe illness, including hospitalization and death. Symptoms may appear 2-14 days after exposure to the virus. Signs and symptoms of COVID-19 include, but are not limited to:

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle pain
- Sore throat
- New loss of taste or smell

Given the close contact that can occur within the University campus community, testing is being conducted to try to detect any COVID-19 cases as quickly as possible. Recent examples of COVID-19 outbreaks on University campuses around the country have indicated that the virus can be spread very quickly, and carriers may not have typical symptoms, such as fever or respiratory symptoms. Some carriers may not report any symptoms at all. Unrecognized asymptomatic and pre-symptomatic infections contribute to the spread of the virus in a University community.

Because of this, the University is conducting periodic testing of certain populations (for example, those residing in campus housing) to help identify individuals who may be infected to implement measures to help stop the spread of the virus. In most cases an antigen test will be administered, which is a type of test designed to detect proteins from the virus that causes COVID-19. In the event of a positive antigen test result, or upon the recommendation of a healthcare professional, a more sensitive PCR test, which is designed to detect the virus's genetic material, may be administered.
In addition to testing for COVID-19 some of our test kits also include an antigen test for influenza. Influenza can cause symptoms similar to COVID-19. Information comparing flu and COVID-19 is located at https://www.cdc.gov/flu/symptoms/flu-vs-covid19.htm.

A consent for coronavirus/influenza testing and release of results follows. You should read and make sure you understand it before signing.

CONSENT FOR CORONAVIRUS (COVID-19)/INFLUENZA TESTING / RELEASE OF RESULT

• I authorize testing by nasal swab and/or saliva specimen to be obtained in accordance with the manufacturer’s instruction and guidance from public health authorities. Risks of nasal swab collection may include discomfort during the collection process.

• I authorize my test results to be disclosed to:

Ø relevant city, county, and state public health departments, or to any other governmental entity, including the Wisconsin Electronic Disease Surveillance Systems (WEDSS), as may be required by law.

Ø University officials with a need to know who are responsible for students, including Student Health Services, University Housing, Environmental Services, and Dean of Students Office. Disclosure to these individuals may be necessary to ensure that appropriate cleaning is completed and to assist with public health prevention or mitigation measures on campus, such as contact tracing and isolation, or other University operations.

Ø University officials with a need to know who are responsible for employees, including Deans/Division Heads, supervisors, and University officials in charge of contact tracing. Disclosure to these individuals may be necessary to ensure that appropriate cleaning is completed, staffing is maintained and to assist with public health prevention or mitigation measures on campus, such as contact tracing, or other University operations.

I understand that the University will take reasonable measures to otherwise ensure the confidential and private nature of the testing and health monitoring information it may obtain.

• I understand that a positive test result is an indication that I am likely infected with COVID-19 and that I must isolate myself consistent with guidance from the University and local health department to avoid infecting others.

• If I am a University EMPLOYEE, I understand that if I receive a positive test, I must leave the University campus and report the positive result to my supervisor or through the COVID-19 employee case management form.
I understand, however, that as with any medical test, there is the potential for false positive or negative test results to occur. Considering this, a positive COVID-19 antigen test result will likely need to be followed up with a more sensitive PCR test. A negative COVID-19 test result means that it is still possible that you have COVID-19. A positive influenza test result is an indication I am likely infected with influenza and I must isolate myself consistent with guidance from my healthcare provider and consult with my healthcare provider regarding the need for additional testing.

I have been informed about the test purpose, procedure, benefits, and risks. I have been given the opportunity to ask questions before I sign and understand that I can ask questions at any time. A Fact Sheet regarding the relevant test has also been made available to me. If requested I will also be provided with a copy of this consent.

I agree to be tested for COVID-19 and influenza. I understand that I may be tested repeatedly for COVID-19 and influenza and that this consent/release covers any such additional testing, regardless of the test administered (for example, antigen, or PCR) for a period of six-months, unless I revoke it in writing.

I understand that I am not creating a patient relationship with Weber Health Logistics by participating in testing. I understand the testing unit is not acting as my medical provider. Testing does not replace treatment by my medical provider. I assume complete and full responsibility to take appropriate action with regards to my test results. I will seek medical advice, care and treatment from my medical provider if I have questions or concerns, or if my condition worsens.

I acknowledge that I have reviewed the Weber Health Logistics Notice of Privacy Policy. I have been informed about the test purpose, procedures, possible benefits, and risks. I have been given the opportunity to ask questions before my test, and I have been told that I can ask other questions at any time. I voluntarily agree to testing for COVID-19.

I consent to communication from Weber Health Logistics using voice, text messages, and e-mail including other voice or electronic communications, provided that these communications comply with privacy regulations. Weber Health Logistics is not responsible for any fees associated, including any mobile or text messaging rates that may apply.