

INFORMED CONSENT FOR COVID-19 TESTING

Name: Last:

First:

Middle Initial:

JMU Student ID Number:

JMU Student Email:

Please carefully read the following informed consent:

1. I authorize ArcPoint Labs, on behalf of James Madison University (JMU), to conduct collection and testing for Covid-19 through a nasopharyngeal swab.
2. I authorize my test results to be disclosed to James Madison University in an effort to protect the health and safety of myself and others on campus.
3. I authorize my test results to be disclosed to any applicable county, state, or other governmental entity as may be required by law and understand that such disclosure will be made consistent with applicable law.
4. I acknowledge that a positive test result is an indication that I must abide by James Madison University's isolation and quarantine policies and all applicable federal, state and/or local guidance on isolation and quarantine to avoid infecting others.
5. I understand that signing this document and agreeing to undergo Covid-19 testing does not replace treatment by a medical provider. 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 a medical provider if I have questions or concerns, or if my condition worsens.
6. I understand that, as with any medical test, there is the potential for false positive or false negative test results to occur.
7. I understand that I will be notified electronically of my test results and in some cases notified via phone. I will provide the best contact number here _____.

ACCEPTANCE

I, the undersigned, have been informed about the test purpose, procedures, possible benefits and risks. I have been given the opportunity to ask questions, and I have been told that I can ask other questions at any time.

Signature: _____ **Date:** _____

If under 18 years of age:

Signature of parent or guardian: _____ **Date:** _____