BinaxNOW COVID‐19 Antigen Testing for Shorter Quarantine Period Following Exposure to Covid-19.

**Voluntary Testing Consent & Acknowledgement Form for School District**

Enclosed with this form is a notice entitled “School Reporting of a Positive or Suspected COVID‐19 Student or Employee.” If that notice is not enclosed, it can be located at

https://health.mo.gov/living/healthcondiseases/communicable/novel‐coronavirus/pdf/school‐covid‐ reporting.pdf

BinaxNOW is an antigen test that detects the presence of the SARS‐CoV‐2, which is the virus that causes a COVID‐19 infection, in about fifteen (15) minutes. The specimen for the test is collected via nasal swab. This test is completely voluntary and will not ever be administered unless this form is signed. As stated in the above notice, a positive result of this test will be immediately reported to the Local Public Health Agency (“LPHA”) so that it can begin contact tracing and instituting appropriate disease control measures. The LPHA solely manages these efforts. Additionally, all test results will be shared with the Department of Health and Senior Services pursuant to state legal requirements.

In light of recent CDC guidance, BinaxNOW tests can be administered to individuals in quarantine after an exposure to a positive individual for the purposes of “testing out of quarantine.” The individual must have been in quarantine for seven full days without symptoms for the purposes of “testing out of quarantine “to be able to return to work or school.

 A negative test result may indicate no infection; however, if symptoms consistent with an infection of COVID‐19 develop after a negative test result, the individual must self-isolate immediately and consult with a health care provider, or the appropriate LPHA to determine the best course of action. Individuals testing out of quarantine after seven days should employ mitigation practices, including wearing a mask if social distancing is not possible until the 14th day of quarantine is completed.

Except as required by law, test results and testing information will be kept confidential by the school district, LPHA, and Department of Health and Senior Services.

**Completing and signing this form serves as consent for the test to be performed on the named individual and is also an acknowledgment of the above statements as well as the content of the enclosed notice entitled “School Reporting of a Positive or Suspected COVID‐19 Student or Employee.” Upon request, this completed and signed form should be provided to the appropriate school district personnel.**

**CONSENT & ACKNOWLEDGMENT**

Print name of person to be tested:

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_ Ethnicity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Race: \_\_\_\_\_\_\_\_\_\_\_\_

Full Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date quarantine began\_\_\_\_\_\_

Symptom history: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Status of person to be tested (circle): student employee other (explain) Print parent / guardian name (if applicable):

Date:

Signature of person tested or parent / guardian:

DISTRICT USE:

Received by (name) on (date)

Place of test administration: on (date)

**Results of test**----------------------------