



BUFFALO PUBLIC SCHOOLS

Employee Consent for COVID-19 Testing

What is this form? We are seeking your consent to test for COVID-19. The Buffalo Public School District is partnering with our Supplemental Health Care school nurses to test for COVID-19 infection per the New York State Department of Health mandate.

What is the test? If you consent, you will receive a free COVID-19 test. The test involves inserting a small swab, similar to a Q-Tip into the front of the nose.

What if I am sick? The COVID-19 test performed in school is not intended for sick people (see COVID-19 Daily Screener). If you are sick, you should remain at home and contact your primary care office for questions.

How often will I be tested? If you consent, you may be selected for random testing in accordance with NYS Department of Health mandates, until further notice.

How will I know if I have tested for having COVID-19? You will be notified at the time of testing, within 15-30 minutes.

What should I do if I have COVID? Contact your supervisor and follow district procedures. You should keep yourself and household contacts at home. Most people have mild COVID-19 illness and can recover at home without medical care. Contact your doctor if you have questions about your health. For more information, visit: <https://www.cdc.gov/coronavirus/2019-ncov/testing/diagnostic-testing.html>

NOTIFICATION OF INFORMATION SHARING

The law allows some information about you to be shared with and among New York State agencies and their contracted service providers, including NYS Department of Health. This information will be shared only for public health purposes, which may include notifying your close contacts that they have been exposed to COVID-19, and taking other steps to prevent further spread of COVID-19 in your school community. Information about you that may be shared with these agencies and service providers conducting COVID testing includes your name and COVID-19 test result, date of birth/age, gender, race/ethnicity, school name, attendance history, names of other family members or guardians, address, telephone, and mobile number. Sharing your information will **only** be done so in accordance with applicable law protecting privacy and security of your data.

CONSENT

- I have signed this form freely and voluntarily.
- I consent to be tested for COVID-19.
- I understand that I may be tested multiple times, and that testing may occur on days scheduled by the Buffalo Public School District in accordance with state mandates.
- I understand that the consent form will be valid until further notice, unless I notify the designated contact person **in writing** that I revoke my consent.
- I understand that the District cannot require staff and students to be tested
- I understand that my results and other information may be disclosed as permitted by law. Please review “Notification of Information Sharing” above for a description of the information that may be released.

PLEASE check one area below and sign

_____ I consent and agree to being tested for COVID-19

_____ I decline COVID-19 testing at this time

Print Name: _____

Signature _____ Date _____