



MONTANA SCHOOL *for the* Deaf & Blind

giving kids the building blocks to independence

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Consent Form for Voluntary COVID-19 Testing -- STAFF

Montana School for the Deaf and the Blind (MSDB) takes the health and safety of our staff, students and their families very seriously. As such, MSDB is adding a voluntary COVID-19 testing program for staff and students under the following circumstances: exhibiting symptoms of COVID-19, being exposed to someone infected with COVID-19, and a student and/or parent requesting a COVID-19 test. This program uses Abbott Laboratories BinaxNOW tests provided by the Montana Department of Public Health and Human Services (DPHHS). Testing will only take place with your consent. If you are willing to provide consent to administer the antigen test, please fill out this form. This consent form is valid for the length of the 2021-2022 school year. A valid consent form must be on file for any staff to be tested for COVID-19 at school. Unfortunately this program is only for our staff and students and we are not allowed to test family members or anyone outside MSDB.

What is the test?

If you are symptomatic or part of a group that is designated for voluntary testing you will receive a free BinaxNOW rapid test for the COVID-19 virus with your consent. Collecting a specimen for testing involves using a swab, similar to a Q-tip, placed inside the tip of the nose. MSDB staff who have been trained to use this test will collect the specimen and a trained COVID-19 administrator will oversee the process. Test results will be made available to the any staff who signs this form below. The results will be sent by text message and email within 24 hours of the test, if you select to receive the results. This program is **entirely optional** for staff and students, although we hope you choose to have the test to keep our schools as healthy and safe as possible. The tests are being offered in addition to existing safety protocols such as strongly recommended mask-wearing, social distancing, and frequent disinfection of surfaces.

What should I do when I receive my test results?

If you test positive for the virus, you will be moved to a room away from other students and staff until you can safely leave campus. We ask that you stay home until the infection period has ended (typically, after symptoms improve and at least 10 days from the date symptoms first appear) and you are no longer contagious. If your test results are negative, the virus was not found in the specimen tested and you may continue to attend work without interruption. In a small number of cases, tests sometimes produce incorrect results - showing negative results (called "false negatives") in people who have COVID -19 or showing positive results (called "false positives") in people who don't have COVID -19, or if you have concerns about your exposure to COVID -19, you should call your doctor, a licensed medical authority, or your local health department.

Known Symptoms:

People with COVID-19 have had a wide range of symptoms reported - ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus**. People with these symptoms may have COVID-19:

- Fever greater than or equal to 100.0 degrees Fahrenheit
- Difficulty breathing and/or shortness of breath
- Moderate to severe headache
- Significant muscle or body aches
- Diarrhea and/or vomit
- Loss of taste or smell
- Cough
- Fatigue
- Chills
- Sore throat

Disclaimer:

While we realize precautions will be taken for the safety of students and staff, please understand that neither the test administrator nor the MSDB, nor any of its trustees, officers, employees, or organization sponsors are liable for any accident of injuries that may occur to you, as a result of agreeing to the test.

(Over)

TO BE COMPLETED BY STAFF MEMBER

Staff Information

	Text	Email	Neither
Please Check How You Would Like to Be Notified of the Results			
Print Full Name:			
Cell Phone Number:			
Email Address:			

CONSENT

By signing below, I attest that:

- A. I authorize MSDB to conduct collection and testing of myself for COVID-19 by nasal swab.
- B. I acknowledge that a positive test result is an indication that I must self-isolate and also continue wearing a mask or face covering as directed in an effort to avoid infecting others.
- C. I understand the school system 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 their condition worsens.
- D. I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result.
- E. I understand that MSDB will share positive and negative test results with the Cascade County Health Department, state officials, and designated MSDB administration; via phone call and SimpleReport. The purpose of this disclosure is to facilitate contact tracing and tracking of test usage.

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.

Signature of Staff:		Date:	
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