



COVID-19 Testing: Informed Consent Form

Please carefully read and sign the following Informed Consent:

- a. I authorize World Back to Work, Inc. and its affiliates to conduct screening of pooled nasal samples for COVID-19 testing. I certify that I have voluntarily provided a fresh and unadulterated specimen for analytical testing. The information I have provided to World Back to Work, Inc. is accurate.
- b. In the event of a positive pool, I authorize individual testing of my child's submitted sample as ordered by an authorized medical provider or public health official. I understand that a performing CLIA Laboratory may use my specimen and any testing performed on that specimen for research and development so long as the information has been de-identified pursuant to law. I authorize my child's individual test results to be disclosed to Mt. San Antonio College, the county, state, or any other governmental entity as may be required by law.
- c. I further authorize a performing CLIA Laboratory to release the results of this testing to the ordering authorized healthcare provider or facility.
- d. I acknowledge that results of screening tests alone are not sufficient to detect or rule out the possibility that an individual has been exposed to or is infected with COVID-19
- e. I understand that World Back to Work, Inc. and its affiliates are not acting as a medical provider, this testing does not replace treatment by my child's medical provider, and I assume complete and full responsibility to take appropriate action with regard to my child's test results. I agree to seek medical advice, care, and treatment from my child's medical provider if I have questions or concerns.
- f. I understand that there may be a potential for false positive or false negative test results. I and/or my child have been informed about the test purpose, procedures, possible benefits and risks, and I have received a copy of this Informed Consent form. 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 and/or my child voluntarily agree to this testing for COVID-19.

Child's Name _____

Parent/Guardian Full Name (Printed)

Signature

Date