



## Alton village Pharmacy

4265 Thomas Alton Blvd, Burlington, Ontario, L7MOZ4

P: 905-315-9900 F:905-315-7700

### COVID Rapid Testing: Informed Consent

**Please carefully read and sign the following consent:**

- I authorize this COVID-19 testing unit to conduct collection and testing for COVID-19 through a nasal secretions swab or blood draw.
- I authorize my test results, if Positive, to be disclosed to appropriate public health authorities, or to any other governmental entity as may be required by law.
- I acknowledge that a positive test result is an indication that I must self-isolate and/or wear a mask or face covering as directed in an effort to avoid infecting others.
- I understand the testing site 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 my condition worsens.
- I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result. I, the undersigned, have been informed about the test purpose, procedures, possible benefits and risks.
- 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. \_Rapid Antigen and/or Antibody test
- I do not have any known Covid-19 symptoms.
- I have checked that I do not qualify for the free Covid-19 test offered by the government.
- I am the legal guardian of \_\_\_\_\_ (if test is for a minor)

Date \_\_\_\_\_

Name \_\_\_\_\_

Sign: \_\_\_\_\_

