

Kitsap County Severe Weather Shelter COVID-19 Screening Program Consent Form

Please read this document carefully as it documents your consent to be tested for COVID-19.

The following has been explained to me, and I have initialed next to each statement indicating my agreement:

_____ I, Tested Individual, have voluntarily agreed to have an antigen rapid test performed by Kitsap County Severe Weather Shelter Program.

_____ Kitsap County Severe Weather Shelter Program is operating the testing program as a self-administered test following guidance from Unified Command and Kitsap Public Health District.

_____ Volunteers at Kitsap County Severe Weather Shelter Program completing the COVID-19 testing have been trained in accordance with Kitsap Public Health District standards and will follow the training, procedural and reporting requirements.

_____ I, Tested Individual, understand the Washington State Department of Health, Kitsap County Public Health District, and/or Kitsap County Severe Weather Shelter Program will be notified that I, Tested Individual, was tested for COVID-19 and the results of my COVID-19 test. I understand that I am waiving any right to privacy or confidentiality under HIPAA or other applicable law or regulation related to my status as a testing participant or the results of my test.

_____ I, Tested Individual, understand that I am not establishing a patient relationship with Kitsap County Severe Weather Shelter Program by participating in testing. I understand the Severe Weather Shelter is not acting as my medical provider and that testing does not replace treatment by my medical provider. I agree to seek medical advice and treatment from my medical provider if I have questions about my condition.

_____ I, Tested Individual, agree to accept responsibility for my participation in the testing program and my test results. Participation is strictly voluntary.

_____ I, Tested Individual, agree to abide by any directives issued by a public health official resulting from my test. If I, Tested Individual, test positive I will immediately be referred to Quarantine and Isolation, a voluntary program, which can provide appropriate care and a place to stay until I am no longer considered contagious. I will not be able to return to the severe weather shelters until after my recommended quarantine period, or 10 days.

_____ I, Tested Individual, have been shown a copy of the instructions of what I have to do following testing and I agree to comply with those instructions.

Please sign below to complete the form.

Tested Individual Printed name: _____

Signature: _____

Date and Time of Submission: _____
