



YONKERS PUBLIC SCHOOLS STAFF CONSENT FORM COVID-19 TESTING

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Dr. Edwin M. Quezada
Superintendent of Schools

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The Yonkers Public Schools (“YPS”) is seeking your voluntary consent to participate in random COVID-19 testing. The Yonkers Public Schools, in collaboration with the New York State Department of Health and the Westchester County Department of Health (“DOH”) will test Yonkers Public Schools students, teachers, and staff members for COVID-19. These tests will be conducted requiring 20% participation by building students and staff on a random basis while the school is located in an area designated as a Yellow Zone.

Please carefully read the following informed consent:

1. I am signing this form freely and voluntarily.
2. I authorize YPS and/or an independent laboratory acting on behalf of YPS to conduct collection and testing for Covid-19 through a nasopharyngeal swab, as ordered by an authorized medical provider or public health official. I understand that this testing is voluntary and that I am not required to undergo such testing as a condition of my employment.
3. I authorize my test results to be disclosed, as required, to the New York State Department of Health and/or as otherwise required by the Governor’s Executive Order. I understand that such disclosure will be made consistent with applicable law. I understand that the information from my COVID-19 test results which may be shared includes the COVID-19 results, my name, date of birth/age, gender, race/ethnicity, address, telephone number, email address, school name(s), classroom/cohort/pod, and any other program participation. This information will be shared in accordance with applicable law.
4. I acknowledge that in the event of a positive test result I may be subject to CDC and DOH quarantine requirements.
5. I understand that I may be asked to test during periods when the area where the school is located is designated as a Yellow Zones.
6. I understand that by signing this document and agreeing to undergo Covid-19 testing that I am not creating a patient relationship with YPS. I understand that YPS is not acting as my medical provider. Testing does not replace treatment by my medical provider. 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.
7. I understand that, as with any medical test, there is the potential for false positive or false negative test results to occur. I understand that if my test results are negative, this means that the virus was not detected in my specimen. However, if I have symptoms of COVID-19, I will advise my supervisor and consult with a medical provider for further confirmation.
8. I understand that this consent form will be valid through January 31, 2021, unless I revoke my consent in writing prior to that time.

yonkerspublicschools.org

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ACCEPTANCE

I, the undersigned, have been informed about the test purpose, procedures, possible benefits and risks. I have reviewed and 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 other questions at any time. I voluntarily agree to testing for Covid-19.

Print Name: _____

Signature: _____

Date: _____