

YPS STAFF CONSENT FORM

COVID-19 SCREENING TESTING

through June 30, 2021

The Yonkers Public Schools (YPS) is seeking your voluntary consent to participate in COVID-19 testing. The Yonkers Public Schools, in collaboration with the New York State Department of Health (DOH) will provide COVID-19 rapid screening tests to Yonkers Public Schools students and staff members.

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 screening 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 by signing this document and agreeing to undergo COVID-19 screening 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.
6. 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.
7. I understand that this consent form will be valid through June 30, 2021, unless I revoke my consent in writing prior to that time.

* Required

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 COVID-19 screening testing.

1. I hereby authorize the use of my electronic signature: *

Yes

2. Type your full name to serve as your electronic signature below to confirm consent of the information listed in the first section of this form. *

3. Please confirm that you have NOT been diagnosed with COVID-19 in the past 90 days. *

I have NOT been diagnosed with COVID-19 in the past 90 days.

4. Please select the school or the Central Office department in which you work? *

School

Central Office Department

5. Please select the name of the school in which you work: *

- School 5
- School 9
- School 13
- School 16
- School 17
- School 21
- School 22
- School 23
- School 30
- Cesar E. Chavez School
- Thomas Cornell Academy
- Cross Hill Academy
- Eugenio Maria de Hostos MicroSociety School
- Patricia A. DiChiaro School
- Robert C. Dodson School
- Family School 32
- Enrico Fermi School
- Kahlil Gibran School
- Martin Luther King, Jr. Academy
- Montessori School 27
- Montessori School 31
- Museum School 25
- Paideia School 15
- Paideia School 24

- PEARLS Hawthorne School
- Casimir Pulaski School
- Scholastic Academy for Academic Excellence
- Rosemarie Ann Siragusa School
- William Boyce Thompson School
- Westchester Hills School 29
- Yonkers Early Childhood Academy
- Gorton High School
- Lincoln High School
- Palisade Preparatory School
- Riverside High School
- Roosevelt High School-Early College Studies
- Saunders Trades & Technical High School
- Yonkers Middle/High School
- Yonkers Montessori Academy
- VIVE/Pathways to Success

6. Please select the name of the Central Office department in which you work. *

- Continuous Improvement
- Distance Learning, Science & Social Studies
- Early Childhood and Elementary Administration
- English Language Arts PK-12, Title I
- Food Services - BOE
- Infrastructure Support Technology
- Instructional Technology
- Language Acquisition, Funded Programs, School Counseling and The Arts
- Maintenance - Lincoln
- Mathematics
- Non-Instructional Services - BOE 4th Floor
- Physical Education/Health/Athletics
- Professional Development
- Public Information
- Research, Evaluation and Reporting
- School Facilities Management - BOE
- School Safety & Security
- Secondary Administration
- Special Education and Student Support Services - BOE
- Student Enrollment
- Student Information Systems
- Superintendent's Office
- Transportation
- Trustees Office

This content is neither created nor endorsed by Microsoft. The data you submit will be sent to the form owner.

 Microsoft Forms