

**Schedule C
COVID-19 RAPID ANTIGEN TESTING
CONSENT FORM**

Staff Information

First Name	
Last Name	
Date of Birth	
Telephone Number	
Program Location	

I have read the Rapid Antigen Testing Policy (the “Policy”) provided by Woodview Mental Health and Autism Services (“**Woodview**”) and I acknowledge and understand that:

- Rapid antigen testing for the COVID-19 virus is used to detect the presence of viral proteins from the respiratory tract and is only used for screening and surveillance purposes, not diagnostic purposes.
- Regular screening will help identify those who may be unknowingly carrying the virus without experiencing any symptoms and consequently are at risk of spreading the infection.
- Rapid antigen testing is performed using a deep nasal swab (approximately 2.5cm) of both nostrils. Results are ready in approximately 15 minutes.
- The rapid testing kit provided to me will be kept in a secure location and in accordance with the manufacturer’s guidelines on storage requirements.
- I will not share or distribute rapid tests or otherwise use the rapid tests for personal use, and will return any unused tests to Woodview

I acknowledge that if I test positive:

- I must immediately notify my program manager and Irene Richmond, Director of Human Resources.
- I will self-isolate at home.
- A COVID-19 test must be booked within 24 hours at a Public Health testing site to confirm the preliminary positive result.
- I understand that my personal identifying information as noted above, my positive test result and any other information required will be reported by Woodview to Public Health who will direct any further next steps.

In addition to the foregoing, I acknowledge that my records will be subject to the following:

- Woodview may report my test results (in a non-identifying format) to the Ministry of Health, and / or the Ministry of Children, Community, and Social Services, and / or the Ministry of Education, and / or local school boards as required by government mandates, and my personal information will not be shared except where required by applicable law and/or government directives.
- Woodview may report my test result to the local public health unit in accordance with the *Health Protection and Promotion Act*.
- All personal and health information will be collected, used, and/or disclosed in accordance with relevant legislation that applies and Woodview’s Rapid Antigen Testing Policy.

By signing this consent form, I acknowledge that I have read the consent form (or have had it read to me) and confirm that I consent to self-administer rapid antigen testing. I am aware of the testing process and I consent to the collection, use and disclosure of my results and information as described above. This consent is valid until consent is withdrawn which can be done at any time.

Signature	
Date	