

Consent form for COVID-19 Test

Introduction

This consent form is for participation in tests designed to detect asymptomatic coronavirus cases. Anyone experiencing symptoms should follow [government guidelines to self-isolate](#), even if they have had a recent negative lateral flow test.

Terms of consent

1. I have had the opportunity to consider the information provided by the College about the testing, ask questions and have had these answered satisfactorily, based on the information presented in this leaflet including the Privacy Notice.
2. I consent to having a nose and throat swab for lateral flow tests. I will self-swab if I am able to otherwise I understand that assistance is available.
3. I understand that there may be multiple tests required and this consent covers all tests for the below named person. If, on the day of testing I do not wish to take part, then I understand I will not be made to do so and that consent can be withdrawn at any time ahead of the test.
4. I consent that my sample will be tested for the presence of COVID-19.
5. I understand that if my result(s) are negative on the lateral flow test I will not be contacted by the College.
6. If the lateral flow test indicates the presence of COVID-19, I consent to having a nose and throat swab for confirmatory PCR testing. I will follow the instructions on the PCR Kit to return the test the same day to an NHS Test & Trace laboratory.
7. If the lateral flow test indicates the presence of COVID-19, I commit to ensuring that I leave the College premises as promptly as possible, bearing in mind I may have some anxiety following a positive test result.
8. I consent that I will need to self-isolate following a positive lateral flow test result, until the results of the confirmatory PCR have been received.
9. I agree that if my test results are confirmed to be positive from this PCR test, I will report this to the College and I understand that I will be required to self-isolate following public health advice.
10. I consent that if a close contact tests positive but I have tested negative, I will continue to attend College but will be tested every day at College for 7 days.

First Name	
Last Name	
Date of Birth	
Signature (typing out your name is sufficient if you are filling in this form digitally)	
Date	