

**COVID-19 Rapid Antigen Testing  
Consent Form**

**Personal Information**

<b>First Name</b>		<b>Last Name</b>	
<b>Date of Birth (YYYY/MM/DD)</b>	<b>Telephone Number</b>	<b>Email Address</b>	

**Consent for Rapid Antigen Testing**

The COVID-19 rapid antigen testing is used to detect proteins from the virus present in the respiratory tract. This type of screening is used to identify individuals who may be infected with the COVID-19 virus without experiencing any symptoms of the infection, thereby risking spreading the virus unknowingly. The test is performed by inserting a swab into both nostrils to collect a sample. The results will be sent to you via email within approximately 1 hour of having completed your appointment. If you prefer to receive a hard copy, you can request one; if that is the case, you will have to wait at the clinic until your results are available.

Any individual who tests positive for COVID-19 will be contacted immediately with detailed instructions on how to proceed. If you receive a positive test result, you will need to self-isolate at home. You will then be required to book a COVID-19 PCR test within 24 hours at a designated COVID-19 assessment centre in order to confirm your positive test results. The positive test result, as well as your personal information, listed above, will be reported by the Wilderman Medical Clinic to your local public health unit, who will provide any further direction as to what additional action is required.

Any personal and health information that is collected, used, or disclosed will be done according to the relevant legislation, including the Personal Health Information Protection Act (PHIPA).

**\*IMPORTANT NOTE:** Your test results do not exempt you from following the rules and recommendations set by the provincial or federal government, the Ministry of Health, or your local public health officials.

<p><b>CONSENT:</b> By signing this form, I agree that:</p> <ol style="list-style-type: none"> <li>1. I have fully read (or had the form read to me) and understand this consent form</li> <li>2. I consent to receive the COVID-19 rapid antigen test</li> <li>3. I understand the testing process and have been given the opportunity to ask any questions</li> <li>4. I consent to the collection, use, and disclosure of my personal information and results to the appropriate entities, as described above</li> <li>5. I understand that I am responsible for taking the appropriate actions if my results indicate a positive test, including self-isolating and following the directions of the appropriate local health officials</li> <li>6. I understand that there is the possibility of having a false positive or false negative test result, as with any medical test</li> <li>7. I understand that the Wilderman Medical Clinic is not liable for my test results</li> <li>8. I understand that I have the right to withdraw my consent at any time</li> </ol>	<input type="checkbox"/> Yes  <input type="checkbox"/> No
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I consent to receive my <b>NEGATIVE</b> test result by:	I understand that I will be contacted immediately
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<input type="checkbox"/> Email <input type="checkbox"/> Phone call <input type="checkbox"/> Text message	by telephone in the event that my test results are POSITIVE and will receive further direction as to what additional steps must be taken.
Signature	Date