

MHSF Health Centers

Chalmette High School, School Based Health Center (504) 333-6988
Nunez Community College Health Center (504) 278-6318

COVID-19 TESTING RAPID and NON-RAPID NASAL SWAB

Coronavirus disease (COVID-19) is an infectious disease caused by a novel (newly discovered) coronavirus. COVID-19 cases have now been reported in all 50 states with many areas having wide-spread community transmission. It is likely that the novel coronavirus is circulating in most communities even if cases have not yet been reported.

People with COVID-19 have had a wide range of symptoms reported, ranging from mild symptoms to severe illness, including hospitalization and death.

Symptoms may appear **2-14 days after exposure to the virus**. Signs and symptoms of COVID-19 include, but are not limited to:

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle pain
- Sore throat
- New loss of taste or smell

Positive COVID-19 tests are reported to the Louisiana Department of Health and Hospitals, as required in the State of Louisiana. COVID-19 positive patients are asked to quarantine per current Centers for Disease Control and Prevention (CDC) guidelines and local health department.

Symptomatic patients who test negative for COVID-19 via the rapid test, may be offered outside laboratory testing due to the possibility of being falsely negative.

INFORMED CONSENT FOR CORONAVIRUS (COVID-19) TESTING

- I have read the above information regarding testing and authorize testing through a nasal specimen to be obtained in accordance with the manufacturer's instruction and guidance from the Louisiana Department of Public Health.
- I understand that a positive test result is an indication that I am infected with the virus that causes COVID-19 and that I must isolate myself consistent with guidance from the local health department and CDC in an effort to avoid infecting others.
- I understand that, as with any medical test, there is the potential for false positive or negative test results to occur.
- I, the undersigned, have been informed about the test purpose, procedure, benefits, and risks. I have been given the opportunity to ask questions before I sign, and I have been told that I can ask questions at any time. I voluntarily agree to be tested for COVID-19.
- I understand that this consent applies each time I take a COVID-19 test through MHSF Health Centers unless I revoke my consent. To revoke consent, I must contact MHSF Health Centers directly.

NAME – Patient/Client (<i>Print or Type</i>)	DATE OF BIRTH – Patient/Client	
ELECTRONIC OR WRITTEN SIGNATURE – Patient/Client ➤		Date Signed (<i>mm/dd/yyyy</i>)
ELECTRONIC OR WRITTEN SIGNATURE – Guardian/Responsible Party ➤	Name – Guardian/Responsible Party (<i>Print or Type</i>)	Date Signed (<i>mm/dd/yyyy</i>)

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