



ST. MARY'S SCHOOL FOR THE DEAF EMPLOYEE COVID-19 TESTING CONSENT

Pursuant to New York State Executive Order, in order to open for in person learning, St. Mary's School for the Deaf ("SMSD") is required to test in person students, faculty, and staff for COVID-19. If you have any objection to testing, or if you have questions about testing or this consent, please contact Mary DeStefano, Director of Human Resources and Labor Relations.

CONSENT

- I am signing this form freely and voluntarily.
- I consent to be tested for COVID-19 infection by SMSD and/or by an independent laboratory acting on behalf of SMSD.
- I understand that I may be tested at multiple times through the end of the 2020-2021 school year, and that testing may occur on days scheduled by SMSD to comply with testing requirements as set forth by governmental order.
- I understand that by signing this document and agreeing to undergo COVID-19 testing that I am not creating a patient relationship with SMSD. I understand that SMSD 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 acknowledge that in the event of a positive test result I may be subject to quarantine requirements as set forth by the New York State Department of Health.
- I understand that this consent form will be valid through June 2021, unless I notify Mary DeStefano, Director of Human Resources and Labor Relations, in writing that I revoke my consent.
- I authorize my test results to be disclosed, as required, to SMSD, the New York State Department of Health, Erie County Department of Health, and/or as otherwise required by the governmental order. I understand that the information from my COVID-19 test results which may be shared include the COVID-19 results, my name, date of birth/age, gender, race/ethnicity, address, telephone number, email address, school name(s), and/or classroom. I understand that such disclosure will be made in accordance with applicable law.

I acknowledge and provide consent as outlined above.

Employee Name

Employee Signature

Date