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INFORMED CONSENT FORM FOR COVID-19 TESTING & RELEASE OF RECORDS

What is this form?

We are seeking your consent to test you for COVID-19 infection. The Illinois Mathematics and Science Academy (“IMSA”) has partnered with the University of Illinois (“Testing Partner”) to test IMSA students, teachers, and staff members for COVID-19 infection.

How often will you be tested?

We are arranging for our Testing Partner to test the staff up to two times per week.

What is the test?

If you consent, you will receive a free diagnostic test for the COVID-19 virus conducted by collecting saliva (spit).

How will I know if I test positive?

You will receive access to your test results via an online platform which we will separately send you information about in future correspondence. IMSA will also receive results of your test and may/will notify you separately of any positive result.

What should I do when I receive my test results?

If your test results are positive, please contact your doctor immediately to review the test results and discuss next steps. You may not return to work without a note from your doctor that indicates you are no longer positive for the COVID-19 virus.

If your test results are negative, this means that the COVID-19 virus was not detected in your saliva (spit).

Tests sometimes produce incorrect negative results called “false negatives” in people who have COVID-19. If you test negative but have symptoms of COVID-19, or if you have concerns about your exposure to COVID-19, you should call your doctor.

Who will receive my test results?

In addition to you receiving your test results, the IMSA and the Illinois Department of Public Health (“IDPH”) will also receive your test results, consistent with IDPH guidance and the Illinois Control of Communicable Disease Code.

TO BE COMPLETED BY EMPLOYEE

All sections required – please print clearly	
Print Name:	
Home Address:	
Tel./Mobile #:	
Email Address:	
Best way to contact you:	
Date of Birth (MM/DD/YYYY):	
Employer:	

By signing below, I attest that:

- I have signed this form freely and voluntarily.
- I consent to be tested for COVID-19 infection.
- I understand that I may be tested multiple times through the 2021-2022 school year, and that testing will occur up to two times per week.
- I understand that this consent form will be valid through the 2021-2022 school year, unless I notify the designated contact person in writing that I revoke my consent.
- I understand that my test results and other information may be disclosed as permitted by law.

Signature		Date:
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