



COVID-19 Testing/Testing Results: Informed Consent

Please carefully read and sign the following Informed Consent:

- a. I authorize this COVID-19 testing unit to conduct collection and testing for COVID-19 through a nasopharyngeal swab or saliva sample:
 - as ordered by an authorized medical provider or public health official,
 - requested by my employer/supervisor,
 - requested by a Tech office or unit (e.g. Office of Residential Life, Club Sports Team), or
 - my voluntary request for such testing
- b. I authorize my test results to be disclosed to the county, state, or to any other governmental entity as may be required by law from this testing or testing conducted at another site.
- c. I authorize New Mexico Tech Health Center and Tech administrators to disclose my test results internally on a need to know bases.
- d. I acknowledge that a positive test result is an indication that I must self-isolate and/or wear a mask or face covering as directed in an effort to avoid infecting others.
- e. I understand the testing unit is not acting as my medical provider, this testing does not replace treatment by my medical provider, and I assume complete and full responsibility to take appropriate action with regards to my test results. I agree I will seek medical advice, care and treatment from my medical provider if I have questions or concerns, I test positive or if my condition worsens.
- f. I will provide contact information as requested by Tech or the New Mexico Department of Health (NMDOH) so that proper contact tracing can be conducted.
- g. I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result.

To the fullest extent permitted by law, I hereby release, discharge and hold harmless, New Mexico Tech, including, without limitation, any its respective officers, directors, employees, representatives and agents from any and all claims, liability, and damages, of whatever kind or nature, arising out of or in connection with any act or omission relating to my COVID-19 diagnostic test or the disclosure of my COVID-19 test results.

Check all that apply to you: Staff Faculty
 Student, On-campus Resident Student, Off-campus Commuter Student Employee

First Name

Last Name

900#

Signature of staff, faculty or student

Date