

# COVID-19 Test Consent



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Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employer: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_

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I understand Whirlpool is requiring COVID-19 testing scheduled through WorkSTEPS, Inc., at a Whirlpool onsite clinic as a requirement of entering and visiting the site.

- I acknowledge that I have not had the following symptoms **within the past 72 hours:**  
Cough, Shortness of breath or difficulty breathing, Fever, Chills, Repeated shaking with chills, Muscle pain, Headache, Sore throat, New loss of taste or smell, congestion, runny nose, nausea, vomiting, diarrhea.
- I acknowledge that I do not have a fever of 100.4°F or higher.
- I acknowledge that if I have had any of the above symptoms within the last 72 hours, I must notify Whirlpool immediately.
- I acknowledge, I am not supposed to be in quarantine as defined by the CDC
- I acknowledge, I have not knowingly come in contact with someone who has COVID over past 14 days
- I acknowledge, I am not awaiting the results of another antigen or PCR test.
- All state and local public health departments have laws that mandate reporting of diseases and conditions of public health significance. My test results may be required to be reported to public health pursuant to local or state public health laws or regulations.
- If my test is positive, it will be submitted to public health officials for additional testing. Electronic laboratory reporting of results via standard messaging for COVID-19 (positive, negative, inconclusive) is mandated by many state and local public health departments.
- I understand WorkSTEPS and Pivot are 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, or if my condition worsens.
- To the fullest extent permitted by law, I hereby release, discharge and hold harmless, Whirlpool, 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/omission relating to my COVID-19 diagnostic test or disclosure of my COVID-19 test results.
- I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result. I, the undersigned, have been informed about the test purpose, procedures, possible benefits and risks, and I have received a copy of this Informed Consent. I have been given the

opportunity to ask questions before I sign, and I have been told that I can ask additional questions at any time.

- I acknowledge that a positive test result is an indication that I may not come on to Whirlpool property, and I must follow all Whirlpool and legal protocols for a positive test result, as applicable, including self-isolation and seeking medical treatment. If I test negative, I still must follow all Company protocols such as mask wearing and social distancing.

I will receive:

- A rapid antigen test<sup>1</sup> to be tested in this onsite clinic.
- An explanation of how the test will be administered.
- A copy of the test details (upon request).

I give my permission to Whirlpool and WorkSTEPS, Inc. and any testing clinician scheduled by Whirlpool or WorkSTEPS to proceed with the test.

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Signature

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Date

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<sup>1</sup> This COVID-19 Rapid Antigen test has been authorized by FDA under an Emergency Use Authorization (EUA), and has been authorized only for the detection of nucleic acid from SARS-CoV-2, not for any other viruses or pathogens. The test is only authorized for the duration of the declaration that circumstances exist justifying the authorization of emergency use of diagnostic tests for detection and/or diagnosis of COVID-19 under Section 564(b)(1) of the Act, 21 U.S.C. § 360bbb-3(b)(1), unless the authorization is terminated or revoked sooner.

Name of Patient: \_\_\_\_\_

**I. My Authorization**

I understand that Whirlpool will keep test results confidential in accordance with its legal obligations, and I authorize my COVID 19 test results to be disclosed to those at Whirlpool with a need to know, including Whirlpool’s medical team; I also authorize disclosure to any county, state, or other governmental entity as may be required by law, and I agree to cooperate in any requested contact tracing, including by providing my contact information below

I understand my health information will be sent to the following recipients:

*My TPA Whirlpool COVID-19 testing:*  
WorkSTEPS, Inc.  
3019 Alvin Devane Blvd, Ste. 150, Austin, TX 78741  
512-617-4106 (fax)

My Employer (if not Whirlpool):

Employer Name \_\_\_\_\_

Employer Street Address \_\_\_\_\_

Employer City, State, and Zip \_\_\_\_\_

**The purpose of this authorization is:**

Whirlpool requires COVID-19 testing pursuant to a COVID-19 containment and avoidance program.

**This authorization ends:**

When I notify Testing Clinician in writing of the termination of this authorization.

**II. My Rights**

I understand that I have the right to revoke this authorization, in writing, at any time, except where uses or disclosures have already been made based upon my original permission. I may not be able to revoke this authorization if its purpose was to obtain insurance. In order to revoke this authorization, I must do so in writing and send it to the appropriate disclosing party.

I understand that uses and disclosures already made based upon my original permission cannot be taken back.

I understand that it is possible that information used or disclosed with my permission may be re-disclosed by the recipient and is no longer protected by the HIPAA Privacy Standards.

I understand that treatment by any party may not be conditioned upon my signing of this authorization (unless treatment is sought only to create health information for a third party or to take part in a research study) and that I may have the right to refuse to sign this authorization.

I will receive a copy of this authorization after I have signed it. A copy of this authorization is as valid as the original.

**Signature of Patient:** \_\_\_\_\_

Date: \_\_\_\_\_

**III. Additional Consent for Certain Conditions**

This medical record may contain information about **physical or sexual abuse, alcoholism, drug abuse, sexually transmitted diseases, abortion, or mental health treatment**. Separate consent must be given before this information can be released.

- I consent to have the above information released.
- I do not consent to have the above information released.

**Signature of Patient or Authorized Representative:** \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**IV. Additional Consent for HIV/AIDS**

This medical record may contain information concerning **HIV testing and/or AIDS diagnosis or treatment**. Separate consent must be given to have this information released.

- I consent to have the above information released.
- I do not consent to have the above information released.

**Signature of Patient or Authorized Representative:** \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

## FAQs Antigen Testing

### 1. What is an Antigen test?

An antigen test checks to see if a specific protein on the surface of the Coronavirus is present in your body. When you get infected by the SARS-CoV-2 Coronavirus, also known as the COVID virus, it replicates itself within your body and is found in your blood, saliva, and the moist membranes of your mouth and nose.

### 2. How is an Antigen test different than a PCR test?

A PCR test checks for any Coronavirus RNA, the genetic material in the virus that allows the virus to reproduce itself once it enters a human cell of the virus, while an Antigen test checks for a protein on the surface of the virus.

### 3. When do I get the results?

Most antigen tests are interpreted (positive, negative or invalid) in 10-30 minutes.

### 4. How is the test performed?

There are 2 types of antigen tests. One uses a swab to collect a sample either through your nose or mouth and the other collects saliva.

### 5. Are the results confidential?

Yes, only WorkSTEPS and certain Whirlpool employees involved with managing Covid in the workplace will know the results of your test. One exception to this is if you are positive it will be reported to the CDC and local health authorities..

### 6. How accurate is an antigen test?

Most antigen tests have a sensitivity and specificity close to PCR tests. However it is possible to have a false positive result in which case a 2<sup>nd</sup> test—either a different antigen test or a PCR is suggested. The test also has false negatives and therefore it is necessary for people to remain vigilant and if they have any symptoms that may be due to the Covid virus, to contact their health care provider and to stay home from work.