

SPECIAL EDUCATION DISTRICT OF LAKE COUNTY

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SEDOL Staff CONSENT FORM FOR OPTIONAL COVID-19 TESTING

The Special Education District of Lake County takes the health and safety of our staff and their families very seriously. As such, in addition to steps to screen for the virus and prevent its spread on campus, we are adding a voluntary COVID-19 testing program for staff. This program uses Abbott Laboratories BinaxNOW tests provided by the federal government. We will only test with your consent. If you are willing to provide consent for us to administer this test on you, please complete this form.

What is the test?

If you become symptomatic at work and you consent, you will receive a free BinaxNOW rapid test for the COVID-19 virus. The nurse performing the test will also verify your consent. Collecting a specimen for testing involves using a swab, similar to a Q-Tip, placed inside the nose. A nursing staff member who has been trained to use this test will collect the specimen and a trained COVID-19 test administrator will oversee the process. Test results will be made available to you as soon as possible. This program is **entirely optional** for staff, although we hope you choose to have the test to keep our schools as healthy & safe as possible. The tests are being offered in addition to existing safety protocols such as mask-wearing, social distancing, and frequent disinfection of surfaces.

What should I do when I receive my test results?

If you test positive for the virus, the school nurse will notify you by phone and via email. You will be required to home consistent with the Illinois Department of Public Health and Lake County Health Department's guidelines. The nurse will provide you with the current recommendations from the IDPH. In a small number of cases, tests sometimes produce incorrect results – showing negative results (called “false negatives”) in people who have COVID-19 or showing positive results (called “false positives”) in people who don't have COVID-19. If your tests are negative but you have symptoms of COVID-19, or if you have concerns about your exposure to COVID-19, you should call your doctor, a licensed medical authority, or your local health department.

Known Symptoms:

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus**. People with these symptoms may have COVID-19:

- Feeling feverish or a measured temperature greater than or equal to 100.0 degrees Fahrenheit
- Loss of taste or smell
- Shortness of breath
- Chills
- Shaking or exaggerated shivering
- Nausea or vomiting
- Cough
- Fatigue
- Sore throat
- Significant muscle pain or ache
- Difficulty breathing
- Headache
- Congestion or runny nose
- Diarrhea

This list does not include all possible symptoms

TO BE COMPLETE BY EMPLOYEE

*The information collected below is required by the Illinois Department of Public Health.
You will be notified with test results via cell phone and a follow up email.*

Staff Information

Printed Name:			
Driver's License #: <i>(if applicable)</i>			
Street Address:		County:	
City:	State:	Zip Code:	
School:		Program:	
Date of Birth: <i>(MM/DD/YYYY)</i>		Age:	
Race/Ethnicity:	<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Native American/Indigenous <input type="checkbox"/> Unknown	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/Unknown

CONSENT

By signing below, I attest that:

- A. I authorize the school system to conduct collection and testing for COVID-19 by nasal swab.
- B. I have consulted with my physician regarding the BinaxNOW test and the physician has indicated the BinaxNOW test is not contraindicated.
- C. I understand the nurse retains the discretion not to administer the test to me if, in their professional judgment, my medical needs make the test inappropriate.
- D. I acknowledge that a positive test result is an indication that I must self-isolate and also continue wearing a mask or face covering as directed in an effort to avoid infecting others and agree to quarantine consistent with the Illinois Department of Public Health and Lake County Health Department guidelines.
- E. I understand the school system 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, or if my condition worsens.
- F. I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result.

RELEASE OF INFORMATION

I consent to SEDOL’s use and disclosure of my protected health information, specifically including test results from the BinaxNOW test, as follows:

- Positive and negative test results and the information outlined in the Staff Information (e.g., name, home address, telephone number) section above may be shared with the Illinois Department of Public Health via electronic transmission of this information using the Red Cap online reporting site. The purpose of this disclosure is to facilitate contact tracing and to comply with federal reporting requirements.
- Positive test results and the information outlined in the Staff Information (e.g., name, home address, telephone number) section above may be shared with the Lake County Health Department above via facsimile transmission. The purpose of this disclosure is to track the medical devices, facilitate contact tracing, and to assist the local health department in monitoring community transmission metrics.
- Positive and negative test results and the information outlined in the Staff Information section above may be shared internally amongst SEDOL staff and administration as required and necessary to facilitate internal staffing needs.
- As otherwise permitted or required by law or guidance.

WAIVER OF LIABILITY

In consideration of being able to participate in the BinaxNOW testing program at no cost, I, and my agents, representatives, assigns, heirs, and successors hereby waive, release, indemnify, hold harmless, and covenant not to sue SEDOL, and its Governing Boards, individual Board members, employees, agents, representatives, volunteers, insurers, and each and every one of them, from and against any and all claims, demands, suits, liabilities, and causes of action, whether known or unknown, past, present, or future, including, but not limited to, any and all costs, expenses, attorneys’ fees, by reason of injury, illness, allergic reaction, property damage, loss, or death, arising out of, in connection with, or in any manner related to my participation in the BinaxNOW Program, including any false test results, and any resulting medical advice, course of treatment, or diagnosis, or the District’s sharing of my test results.

SIGNATURE

I consent to SEDOL completing the BinaxNOW test. I further authorize SEDOL to share the results of the BinaxNOW test with the Lake County Health Department, the Illinois Department of Public Health, and SEDOL employees with a legitimate educational interest in receiving such information. The sharing of information related to me will be carried out in the manner described above and as otherwise required by law or guidance. This consent and authorization is effective upon my signature and will be valid through June 30, 2021, unless revoked. This consent can be revoked at any time by providing notice to **Peggy Lynch at mlynch@sedol.us**.

Signature:		Date:	
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FOR SEDOL USE ONLY:

Date Tested:		Building/Program:		Results:	<input type="checkbox"/> P <input type="checkbox"/> N
Test performed by:		Results given to staff by phone:	Date:	Email Sent:	Date: