

Coronavirus (COVID-19) consent form



Thank you for agreeing to participate in this voluntary screening process.

Please note that consent is required from a parent or guardian for all participants younger than the age of 18. Information required below is to be completed by a parent/guardian that is currently present with you at the time of performing the testing. If no parent or guardian is present, please withdraw from the testing at this time.

Before filling out this form, please read the information sheet:

Coronavirus disease (COVID-19) – getting tested when you do not have symptoms (asymptomatic testing). What you need to know

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| <p>I/Parent/Guardian have read and understood the ‘What you need to know’ information sheet about COVID-19 testing, and I/Parent/Guardian confirm that I/Parent/Guardian consent to the collections, uses and disclosures of information about me described in that information sheet.</p> <p>I/Parent/Guardian understand that I/Parent/Guardian can choose not to consent, and if I/Parent/Guardian do not consent I/Parent/Guardian will not participate in the testing program described in the information sheet.</p> <p><input type="checkbox"/> I/Parent/Guardian have read and understood the ‘What you need to know’ information sheet about COVID-19 testing*</p> <p>Signature:</p> | |
| <p>Symptoms of coronavirus (COVID-19) may include fever, chills, cough, sore throat, shortness of breath, runny nose or loss of sense of smell.</p> <p>Do you have any symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| Full name | |
| Date of birth (DD/MM/YY) | |
| Sex | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other |
| Do you identify as: | Select one: <input type="checkbox"/> Neither Aboriginal nor Torres Strait Islander <input type="checkbox"/> Aboriginal but not Torres Strait Islander <input type="checkbox"/> Torres Strait Islander but not Aboriginal <input type="checkbox"/> Aboriginal and Torres Strait Islander <input type="checkbox"/> Prefer not to say |
| Residential address | |
| Contact number | |
| Email | |
| Occupation / Industry | <input type="checkbox"/> Aged Care <input type="checkbox"/> Construction <input type="checkbox"/> Health Care <input type="checkbox"/> Supermarket <input type="checkbox"/> Other |
| Testing Site | Alexandra District Health |
| Date of test | |