

## Job Corps Center Staff Consent to COVID-19 Test

The safety of [insert name of contract center operator] employees, staff, residential students, families and visitors is a priority. To help prevent the spread of COVID-19 and reduce the potential risk of exposure to staff and students, [insert name of contract center operator], at the direction of the United States Department of Labor (DOL), is requiring COVID-19 testing of all staff members. Testing is required prior to the return of students to campus and upon known or suspected exposure to COVID-19 on Center.

COVID-19 is a novel coronavirus that causes mild to serious infections and poses a risk to the health and welfare of many in the general public, as well as to the students and staff at the Center. Carriers of COVID-19 pose a direct threat to the health and safety of individuals in close contact with them. As such, testing for the virus is job related and consistent with business necessity. The test will be administered by Health and Wellness staff at the [insert name] Job Corps Center. The results of this test will be maintained as a confidential medical record in accordance with [insert contract center operator] procedures. The test is being provided at no cost to staff.

### **Consent to Testing/Release of Liability**

I consent to a COVID-19 viral test to be administered by Health and Wellness staff of the [center name] Job Corps Center. I acknowledge that the testing process has been explained to me and I have had an opportunity to ask any questions I may have. I understand that the results may be reported to the state and/or local departments of health, as required by law. I also understand that the results of the testing will be shared with DOL if necessary to protect the safety and health of Job Corps students and staff, and will be maintained in a separate medical file in accordance with [insert name of contract center operator/employer] procedures.

I understand that the accuracy of the result cannot be guaranteed and that it may be necessary for me to undergo additional testing in the future. I also understand that even if I have a negative test result now, I can contract COVID-19 in the future. I understand that testing is one of several precautions that Job Corps is taking to identify carriers of COVID-19 and reduce community transmission.

I understand that if I receive a positive test result, I will be advised to seek the advice of my health care provider with respect to recommended quarantine and treatment. I agree that if I experience symptoms typical of COVID-19, such as fever and respiratory issues, I will notify [insert contract center operator's POC] immediately.

I understand that the Center may deny me entrance to the Center if I decline the test. I also understand that I may request an accommodation or alternative method of screening due to a medical condition, disability, or a sincerely held religious belief, and that accommodation will be determined on a case-by-case basis. This authorization is effective on the date it is signed, and is effective until specifically revoked by me in writing. A copy of this authorization shall have the same force and effect as the signed original.

By signing below, I release U.S./DOL from any and all liability arising out of or relating to the administration of the test and the reporting of the results of the test.

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Print Name

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Signature and Date