

Job Corps Student Consent to COVID-19 Testing

To help prevent the spread of COVID-19 and reduce the potential risk of exposure to students and staff, the _____ Job Corps Center is requiring COVID-19 testing of all Job Corps students.

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, _____ Job Corps Health and Wellness staff will administer a COVID-19 viral test to Job Corps students upon entrance on Center. The results of this test will be maintained as a confidential medical record and will be handled in accordance with Job Corps' Notice of Medical Information Use, Disclosure, and Access ([Form 2-01](#)) and Confidentiality of Medical, Health, and Disability-Related Information (Appendix 202). The test is being provided at no cost to students.

Consent to Testing

I consent to a COVID-19 viral test to be administered by Health and Wellness staff of the _____ 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 if I receive a positive test result, the Center will follow on-center isolation procedures and medical treatment in accordance with Center procedures. I understand that test results may be reported to the appropriate state and/or local departments of health, as required by law.

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 the Center may deny me entrance to the Center campus or physical facilities 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 and consent is effective on the date it is signed, and is effective until specifically revoked in writing. A copy of this authorization shall have the same force and effect as the signed original.

Student Name

Student Signature and Date

Parent/Guardian Name
(If the student is a minor)

Parent/Guardian Signature and Date