COVID-19 On Campus Testing Consent
Random/Mandated Testing of on Campus College

To decrease the risk of transmission of COVID-19, __________________________Community College ("College") reserves the right to mandate testing or require random testing on campus. Random/mandated testing shall be billed to your insurance or at the expense of the College; no charges will be applied to the student’s account.

Privacy Notice

The only people who may access your personal information such as your name and test results are the appropriate College officials, the laboratory conducting the test, your insurance provider, and appropriate public health officials or their contractors to conduct COVID-19 investigations.

Testing

Through your signature below, you certify that you have been provided with information concerning the test including but not limited to the risks and benefits associated with the test, the possibility of discomfort in the nose or throat, bleeding from the nose, and an incorrect result. You acknowledge that administering the test does not create a patient/physician relationship between you and the College or Test Provider nor does it obligate the College to perform any other care or treatment. Further, through your signature below, you hereby assume all the risks associated with a COVID-19 test and agree to hold the State of Connecticut, the Board of Regents for Higher Education, the Connecticut State Colleges and Universities, the College, their employees, agents, representatives and volunteers harmless from any and all liability, actions, causes of actions, claims or demands of any kind and nature whatsoever, including those arising from the negligence of CSCC, which may arise by or in connection with a COVID-19 test. The terms herein shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

Consent

Through your signature below, you certify that you have read, understood and agreed to the statements above. (Initial those applicable)

______ (initial) I hereby give my permission/consent to have a test sample taken.

______ (initial) I understand that my records are protected under State and Federal privacy laws and cannot be disclosed without my written consent, unless otherwise provided by law. By providing my consent to be tested, I authorize my information and test results to be shared as described in the above Privacy notice.

______ (initial) I hereby give my permission/consent for the College to receive my test results and share those results with the Connecticut Department of Public Health.

Name (print):   

ID #:   

Signature:   

Date:   

If Student is Under 18, Signature of Parent/Guardian:   

Date:   
