



# Newport News Public Schools COVID-19 Testing Consent Form for Staff and Students 18 and Over



Student/Staff Information (for individuals aged 18+ or who are legally emancipated)			
<b>Last Name:</b>		<b>First Name:</b>	<b>Middle Name:</b>
<b>School or Worksite:</b>		<b>Activity/Sport (for students only):</b>	
<b>Address:</b> (Not a PO Box)	<b>Street:</b> _____		
	<b>City:</b> _____	<b>State:</b> _____	<b>Zip:</b> _____
<b>Phone:</b>		<b>Email:</b>	<b>Gender:</b> <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Nonbinary <input type="checkbox"/> Prefer not to answer
<b>Race:</b>	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hawaiian Native or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Not Stated		<b>Hispanic/Latino:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

By completing and submitting this form, I confirm that I authorize the collection of specimens necessary to conduct COVID-19 testing on me during school hours or in connection with school attendance/a school activity. I understand that authorizing COVID-19 testing is optional and that I can refuse to give this authorization, in which case, I will not be tested. COVID-19 screening testing will be conducted using a pooled PCR testing method. Screening testing will be conducted by a contracted vendor. Any needed confirmatory or “follow-up” testing will be conducted by either a contracted vendor

Newport News Public Schools will maintain a copy of this consent form according to existing state and federal records retention laws and will only provide COVID-19 Testing to individuals who have a completed consent form on file.

**Consent and Data Sharing (please initial):**

\_\_\_ I authorize the collection of specimens to conduct pooled COVID-19 tests on me as part of a COVID-19 screening testing program. I understand this test will be provided at no cost to me. I understand that aggregate pooled test results for any pool of which I am a member will be reported to designated school personnel, and may be reported to me and to the Virginia Department of Health (without identifying information).

\_\_\_ If I am a member of a pool that returns a positive result, I authorize the collection of specimens to conduct individual follow-up tests on me. I understand this testing will be provided at no cost to me. I understand that my individual test result will be reported to designated school personnel and me, and will be reported to the Virginia Department of Health, in accordance with state law.

**Authorized Signatory:**

I understand that I can change my mind and cancel this permission at any time. To cancel this permission for COVID-19 testing, I need to contact Kisha Thompson via email at [kisha.thompson@nn.k12.va.us](mailto:kisha.thompson@nn.k12.va.us).

\_\_\_\_\_  
Student or Staff Signature

\_\_\_\_\_  
Affiliation (e.g., student staff)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date