



**Long-Term Care Resident
COVID-19 Testing
Consent – Declination Form**

Resident's Name: _____ Sex: F M Date of Birth: _____
Last First MI

Facility Name: _____

Facility Address: _____

I CONSENT TO BE TESTED OR I HAVE ALREADY BEEN TESTED FOR COVID-19 THIS MONTH!

Date Tested: _____ Location: _____

Signature _____ Signer's Name _____
Resident / Representative Print Clearly

Date _____

DECLINATION: *I have decided to decline COVID-19 test at this time for the reason(s) listed below:*

Reason(s): _____

I understand that as a resident of a Long-Term Care Facility, it is recommended that I get tested for COVID-19 monthly to detect possible COVID-19 infection early. I have been given a copy of the *Coronavirus (COVID-19) Get Tested to Reduce the Spread* information and have read, or have had explained to me, information about COVID-19 and how individuals in long-term care facilities may be at higher risk for COVID-19. I have had a chance to ask questions that were answered to my satisfaction. I understand the risks and benefits as set forth in the *Coronavirus (COVID-19) Get Tested to Reduce the Spread* I was given.

Signature _____ Signer's Name _____
Resident / Representative Print Clearly

Date _____

Witness

Signature _____ Signer's Name _____
Print Clearly

Date _____