COVID-19 BASELINE TESTING – RESIDENT CONSENT

This form may be used to obtain consent from a resident or from a resident's representative to test for COVID-19. Use of this form to obtain consent is voluntary.

Coronavirus disease (COVID-19) is an infectious disease caused by a novel (newly discovered) coronavirus. COVID-19 cases have now been reported in all 50 states with many areas having wide-spread community transmission. It is likely that the novel coronavirus is circulating in most communities even if cases have not yet been reported.

Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people, and those with underlying medical problems (such as cardiovascular disease, diabetes, chronic respiratory disease, and cancer) are more likely to develop serious illness.

People with COVID-19 have had a wide range of symptoms reported, ranging from mild symptoms to severe illness, including hospitalization and death.

Symptoms may appear **2-14 days after exposure to the virus.** Signs and symptoms of COVID-19 include, but are not limited to:
- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle pain
- Sore throat
- New loss of taste or smell

Given their congregate nature and population served (older adults often with underlying chronic medical conditions), nursing home residents are at the highest risk of being affected by COVID-19. If infected with the virus that causes COVID-19, residents are at increased risk of serious illness, hospitalization, and death.

Recent experience with outbreaks in nursing homes have indicated that residents and staff members infected with COVID-19 may not report typical symptoms, such as fever or respiratory symptoms. And, some may not report any symptoms at all. Unrecognized asymptomatic and pre-symptomatic infections contribute to the spread of the virus in nursing homes.

Because of this, Governor Evers and the Wisconsin Division of Public Health have recommended baseline testing of all residents and staff in skilled nursing facilities to identify all residents and staff who may be infected and to ensure that appropriate measures may be put in place to stop the spread of the virus.

INFORMED CONSENT FOR CORONAVIRUS (COVID-19) BASELINE TESTING – RESIDENT

- I have read the attached COVID-19 Fact Sheet regarding testing and authorize testing through a nasal (anterior nasal swab) specimen to be obtained in accordance with the manufacturer's instruction and guidance from the Wisconsin Division of Public Health.
- I authorize my test results to be disclosed to the county and state public health departments or to any other governmental entity as may be required by law.
- I understand that a positive test result is an indication that I am infected with COVID-19 and that I must isolate myself consistent with guidance from the local health department in an effort to avoid infecting others.
- I understand that, as with any medical test, there is the potential for false positive or negative test results to occur.
- I, the undersigned, have been informed about the test purpose, procedure, benefits, and risks and I have received a copy of this informed consent. I have been given the opportunity to ask questions before I sign, and I have been told that I can ask questions at any time. I voluntarily agree to be tested for COVID-19.

SIGNATURE – Resident ➢	SIGNATURE – Responsible Party	Date Signed *(MM/dd/yyyy)*

DECLINATION – RESIDENT

I decline baseline COVID-19 Testing at this time. The facility has reviewed, and I understand, potential risks of not participating in baseline testing up to and including hospitalization and/ or death.

SIGNATURE – Resident ➢	Name – Resident *(Print or type.)*	Date Signed *(MM/dd/yyyy)*
SIGNATURE – Responsible Party ➢	Name – Responsible Party *(Print or type.)*	Date Signed *(MM/dd/yyyy)*