

**COVID-19 Screening Consent Form and Authorization to Share Information for
Employees of Randolph College**

COVID Screening Consent

This consent provides Randolph College with your permission to perform a COVID-19 screening procedure based on the College's need to maintain a safe environment for students, employees, and others with whom you may come into contact. By signing below, you are indicating that you voluntarily consent to this procedure for the detection of COVID-19.

The test being administered involves a nasal swab that will be tested to indicate the potential presence of COVID-19. If you decline the test, you may not be allowed to enter or remain on the Randolph College campus. If you require a reasonable accommodation with respect to the test, please contact Sharon Saunders, Director of Human Resources.

This test has been approved through an Emergency Use Authorization by the FDA; however, this test alone may not be sufficient to detect or rule out the possibility that you have COVID-19. You should carefully monitor your own symptoms and, notwithstanding the results of any testing, you must stay home and consult with your physician if you experience symptoms of COVID-19. Faculty should also notify the Provost; staff should notify Human Resources.

Authorization For the Release of Medical Information

Because of the ongoing public-health crisis, it may be necessary (or legally mandated) for Randolph College to share the results of your test and related identifying information with (1) public health authorities; (2) employees within the College who have a need to know in connection with implementing the College's safety protocols; and (3) anyone within the Randolph College community whom you identify as a recent "close contact," so that notification may be provided to those individuals to prevent further spread of COVID-19. By signing below, you consent to the disclosure of such information in accordance with this authorization, and you hereby waive the right to contest disclosure or use of such information in accordance with this authorization under the Americans with Disabilities Act or other applicable laws.

You have the right to revoke this authorization by submitting a written request to the Director of Health Services [Randolph College at 2500 Rivermont Avenue, Lynchburg, VA 24503] that clearly specifies your intent to revoke this authorization. Your written revocation will not affect the ability of Randolph College to continue to use or disclose your health information to the extent that it has already acted in reliance on this authorization. Written revocation also will not affect the ability of Randolph College to provide your COVID-19 test results to the Virginia Department of Health and any applicable Virginia Local Health Department, as required by law.

Name Printed

Signature

Date