

COVID-19 Staff Consent Form

Assisted living facilities' (ALFs) administrators or administrators' designees must obtain verbal and written consent from their staff to be authorized to retrieve their COVID-19 test results from Curative Inc. This executed COVID-19 consent form must be maintained in the staff's personnel records and the facilities' records.

If the staff works in a single ALF or skilled nursing facility, complete Section I and Section III.

If the staff works in more than one ALF or skilled nursing facility, complete Section II and Section III.

Section I: *(hover over fields for description)*

I, _____ give _____ the rights and authority to retrieve my COVID-19 test results from Curative Inc.'s database.

_____ has also discussed the reasons and the importance of maintaining my COVID-19 test results in my personnel records and the facility's records at _____.

Section II: *(hover over fields for description)*

I, _____ work at the following ALFs or skilled nursing facilities:

1. _____
2. _____
3. _____

I, _____ will conduct my COVID-19 test at, _____ . I will provide written documentation of my COVID-19 test results to the other entities listed above upon receipt and the same day they are received.

I give the rights and authority to each of the above ALFs to retrieve my COVID -19 test results from Curative Inc.'s database. Each of the above ALFs' administrators or the administrator's designees have discussed the reasons and the importance of maintaining my COVID-19 test results in each of my personnel records at each of the ALF's facilities' records. Each administrator or the administrator's designee must maintain this executed COVID-19 consent form in the above named ALFs' records.

Section III: *(hover over fields for description)*

Staff's Signature

Print Staff's Name

Date Signed

Signature of Adm/ Designee

Print Adm/Designee's Name

Date Signed

