



**CONSENT AND RELEASE FOR EMPLOYER-SPONSORED PCR NASAL SWAB TESTING AND/OR ANTIBODY TESTING FOR COVID-19**

Last name:															Date of Birth:					
First name:															Last Four Digits of SS#					
Address:																				
Phone number:																				
Employer/School:																				

By signing this Consent and Release, I agree to participate in COVID-19 PCR nasal swab testing and/or antibody blood testing (“COVID Testing”). My participation is voluntary.

I understand that COVID Testing does not constitute a medical diagnosis or treatment, and that I should consult with my personal primary care practitioner regarding any COVID Testing results that I believe will require medical care. I understand the risks of taking a nasal swab test or a blood sample by venipuncture, which may result in discomfort, bruising, or infection.

By voluntarily participating in COVID Testing, I authorize Froedtert Health, Inc., and its affiliates to disclose my COVID Testing results to its health care provider affiliates and their licensed practitioners. I understand and acknowledge that Froedtert Health, Inc., and/or its affiliates, may aggregate my health information for reporting purposes and use and/or disclose the aggregated data.

I further consent to and authorize Froedtert Health, Inc., and its affiliates to release the results of my COVID Testing to the employer/school named above (“Employer/School”). I understand that if I receive a positive test result, I may be contacted by the public health department and/or my Employer/School.

I fully release Froedtert Health, Inc. and its affiliated medical providers providing the COVID Testing and Wisconsin Diagnostic Laboratories, LLC from liability in connection with conducting or processing COVID Testing. I have read, understand, and agree to the terms of this Consent and Release and understand that attempts to modify the consent will not be binding.

PRINT YOUR FULL NAME \_\_\_\_\_

SIGN HERE \_\_\_\_\_

DATE \_\_\_\_\_