



## CityDoc Urgent Care Consent Form for Covid-19 Testing

I am consenting to be tested for Covid-19.

The following has been explained to me, and I agree:

\_\_\_\_\_ I will have a rapid test performed at CityDoc.

\_\_\_\_\_ A positive test is considered diagnostic, and no confirmatory testing will be performed.

\_\_\_\_\_ In cases where symptoms are strongly suggestive of Covid-19, a confirmatory test may be sent to Labcorp for confirmatory testing. This will take several days. I will be notified by phone, text, or email when my confirmatory test results are received.

\_\_\_\_\_ By law, the Texas Department of State Health Services (DSHS) will be notified that I was tested, and what the test results are.

\_\_\_\_\_ In addition, I have been shown a copy of the instructions of what I have to do following testing, I have read those discharge instructions thoroughly, and I agree to comply with those instructions. I agree to self-quarantine until I am cleared.

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date and Time: \_\_\_\_\_

Witness Printed name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date and Time: \_\_\_\_\_