



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.

_____ In addition, in cases where CityDoc has been contracted to perform this testing by my employer, my results may be shared with my employer. This applies only for company virus testing.

Printed name: _____

Signature: _____

Date and Time: _____

Witness Printed name: _____

Witness Signature: _____

Date and Time: _____