



DATE: _____

COVID-19 SELF TEST KIT for FACULTY/STAFF

Name: _____

Department: _____

Supervisor: _____

Reason for Testing: Exposure to someone with COVID-19

Experiencing Symptoms of COVID-19



CONTACT TRACING

In the event of a positive COVID test, please list people who may need to be made aware of being exposed:

*In compliance with HIPAA laws, we will NOT share your personal information with anyone under any circumstances.

This QuickVue COVID-19 OTC Test is a *one-time offer* to faculty and staff who desire to test themselves and monitor their own results. Drake State Community and Technical College will not be responsible for the testing process or the outcome of this at-will test.

Each kit contains testing directions, a tube of fluid, a swab, and a test strip. Follow the directions carefully and complete the test correctly the first time, you will only receive one test. In the event you would like to be tested again, you must visit a medical facility eligible to test you.

If your test is negative and you are experiencing COVID-like symptoms, please do not hesitate in making an appointment with your primary care physician, visiting an urgent care facility, or going to the emergency room for care.

If your test is positive, please inform your instructor and follow the campus COVID-19 policy. If you are unfamiliar with the campus COVID-19 policy, please ask the Coordinator for COVID-19 response for the information.

Statement and Signature:

I understand the above information and I also understand the College will not provide more than one test to a single faculty or staff member.

Signature: _____

Coordinator for COVID-19 Response: _____