

# Tennessee Department of Health COVID 19 Patient Information and Consent

Testing Location \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE PRINT**

**Patient:** Last Name \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

**Sex:**  M  F **DOB:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_ **Alternate phone** ( \_\_\_\_\_ ) \_\_\_\_\_

**Email (optional)** \_\_\_\_\_

**Parent/Guardian/ POA: Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_

**Do you have any symptoms of COVID-19?** Yes  No

(Example: fever, cough, sore throat, shortness of breath, difficulty breathing, nausea, diarrhea, loss of sense of smell or taste, muscle aches, general sense of being unwell)

## Consent for Testing

By my signature or verbal acknowledgement as the person being tested or as the parent/legal guardian/ POA of the person being tested, I freely give consent for COVID-19 testing provided by the staff of the Tennessee Department of Health, which is not my healthcare provider. I understand I will receive the results by phone or US mail. I acknowledge receipt of Tennessee Department of Health's Notice of Privacy Practices.

I further acknowledge that this consent does not establish a patient-provider relationship between the Tennessee Department of Health and myself (or the person being tested if parent/guardian/ POA is signing) and that services are being provided for the limited purpose of COVID-19 testing. Should follow-up medical care be required, it is my responsibility to seek it through a primary care physician or health clinic.

\_\_\_\_\_  
Signature of person, parent, guardian or power of attorney **Date** \_\_\_\_\_

**Verbal Acknowledgement** \_\_\_\_\_ **Date** \_\_\_\_\_  
Signature of person receiving verbal acknowledgement

## AREA FOR OFFICIAL USE ONLY

Testing Completed  Patient defers testing

Nasal Swab collected sent to: PathGroup

NP Swab collected sent to: TN State Lab  AEL  PathGroup  Aegis  Other \_\_\_\_\_

OP Swab collected sent to: TN State Lab  AEL  PathGroup  Aegis  Other \_\_\_\_\_

Initials of Collector \_\_\_\_\_