

**1. Purpose of the Screening.** The purpose of this health screening is to perform a preliminary screening of you for Covid-19 (sometimes also referred to as Novel Coronavirus). After screening, please see the steps in # 6 below This screening does not create a patient-provider or patient-physician relationship with UT Health Austin.

**2. Screening Explanation & Associated Risks.** This screening will include one or more of the following tests: collection of an upper respiratory nasopharyngeal swab, collection of an oropharyngeal swab, possible completion of a rapid influenza diagnostic test, and/or possible collection of sputum for individuals with productive coughs. In the large majority of instances, you may feel some slight discomfort in the nasal passage or back of the throat for a short time after the completion of the swab. In very rare instances you could experience further signs and symptoms related to the testing requiring follow up with a primary care physician. By participating in this screening and verbally confirming your participation at the collection site, you hereby confirm you understand the risks involved and release UT Health Austin, The University of Texas at Austin, and any other organization(s) associated with this screening, their affiliates, employees, agents, successors and assigns, from any liability arising from or in any way connected with your participation in any of these screenings.

**3. Confidentiality & Use of Personal Information.** By participating in this screening, you understand and acknowledge that certain information relating to the administration of the screening and your result may be reported to the local, state, and federal public health agencies, including but not limited to: Centers for Disease Control and Prevention, Health and Human Services, the Health and Human Services Commission, and Austin Public Health. University employee's screening results will be reported to the University for workplace surveillance in compliance with state law, local health authority order(s), and/or state or federal disaster declarations. Any personally identifiable health information obtained in conjunction with your screening will be protected and used only in accordance with this consent, UT Health Austin's Notice of Privacy Practices, and applicable laws. Information which does not identify you may be used in aggregate form for research, educational, or statistical purposes.

**4. Release of Claims.** In consideration of your participation in this screening, you agree to assume full responsibility for your personal outcomes. You understand that your results are not designed to replace the care or advice of a medical provider. If you have a disease condition, fall into certain high health risk categories, and/or receive abnormal laboratory tests, you should promptly consult with your primary care physician or follow up with a provider available through your health plan. UT Health Austin, The University of Texas at Austin and any of its employees, staff, or affiliates are **NOT** liable for any health consequences resulting from your screening, and are **NOT** responsible for ensuring that you have consulted with your physician regarding your screening results. Your results **WILL NOT** be automatically sent to a healthcare provider. Upon request, UT Health Austin will try to provide your results to your chosen physician. Your participation authorizes UT Health Austin, in its sole discretion, to seek immediate medical assistance on your behalf if warranted. **YOU HEREBY RELEASE THE UNIVERSITY OF TEXAS, AND ITS EMPLOYEES, PERSONNEL AND AGENTS FROM ANY AND ALL DAMAGES AND CLAIMS CAUSED BY OR RESULTING FROM YOUR PARTICIPATION IN THIS HEALTH SCREENING.** This release shall also be binding upon your heirs, executors, and administrators.

**5. Freedom of Consent.** You acknowledge receipt of information from the UT Health Austin website and personnel, the documents provided at the time of the screening, as well as verbal instructions to read this information. You agree to all of the above, understand the attendant risks and discomforts, were given the opportunity to ask questions, and permission to perform this screening is given freely and voluntarily and extends to all screening personnel, including volunteers.

**6. Results & Follow Up Care Recommendations:** After your test please continue to self-isolate according to CDC Guidelines, except to seek medical care, until you receive your results. You will be contacted with your results and follow-up directions at the contact number you specify within a few days after your test, pending the laboratory's capacity. Your results **will NOT** be automatically sent to your doctor. UT Health Austin will communicate your results as soon as possible, please do not call UTHA to follow up for test results.

If you test positive, continue to self-isolate for 14 days since likely exposure or until you are symptom free, whichever is later. By law Austin Public Health will be notified. If you need medical care, please contact your primary care doctor or any triage line offered by your health plan and notify any health care facility that you tested positive before attending. If you cannot reach your doctor or do not have one, you can call the state public health COVID-19 hotline, 1-877-570-9779. You also can call Ascension's hotline for the coronavirus, 1-833-919-1680. Ascension also has online telemedicine services that don't require insurance. You can download the app at [ascension.org/onlinecare](https://ascension.org/onlinecare) and use the code HOME for a discounted \$20 visit.

If you test negative, please continue to monitor, stay home and rest until you are symptom free or as instructed by your provider. There is a chance of a false negative (a negative test result when you do have the virus) so seek follow up medical care if your symptoms worsen.

If you are having significant trouble breathing, please call 911 to arrange transport to the emergency room, communicate that you have been tested for Covid-19 and are awaiting results.