



Bay Mills Health Center  
12124 W Lakeshore Drive, Brimley, MI 49715  
**Rapid COVID-19 Testing Consent and Results**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

BMCC Employee (notify \_\_\_\_\_, if positive)

BMCC Student (notify \_\_\_\_\_, if positive)

Question	YES	NO
Do you have a fever?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a cough?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been exposed to anyone who has been diagnosed with a laboratory confirmed case of COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
Have you traveled internationally at any point within the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently experiencing difficulty breathing?	<input type="checkbox"/>	<input type="checkbox"/>

**Consent to testing:**

I authorize a swab specimen for COVID-19 Test as ordered by my provider or authorized healthcare provider. I further understand, agree, certify, and authorize the following:

1. I understand that Bay Mills Health Center providers will collect my specimen. I authorize Bay Mills Health Center to collect the specimen (nasopharyngeal, nasal, or oral swab).
2. I understand that processing of the specimen and results are completed with rapid point of care testing, and depending on the results may have to be taken again and sent to a lab for further investigation.
3. I understand and agree that Bay Mills Health Center will release positive test results from my test, according to applicable regulations regarding communicable disease reporting, to Chippewa County Health Department and to Bay Mills Community College.
4. I understand that the provider identified in this registration will be responsible for providing testing results, interpreting test results, explaining testing limitations, and providing any additional diagnostic or clinical services.

By signing below: I acknowledge that I have read, understand, agree, certify, and/or authorize the information above and further agree to hold harmless Bay Mills Health Center including its employees, agents, and contractors from any and all liability and claims and consent to the testing.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RESULTS**

Specimen Collection Date: \_\_\_ / \_\_\_ / \_\_\_

Tester Initials: \_\_\_\_\_

The COVID-19 result from the Point of Care COVID-19 Test is:

**Non-Reactive  
(Negative)**

**Reactive  
(Preliminary Positive)**

**Invalid**

Type of Specimen: Nasal Swab

Name & Signature of Authorizing/Testing Provider: \_\_\_\_\_

Meaning of the test result:

**A negative test result** for this test means that SARS-CoV-2 RNA was not present in the specimen above the limit of detection. However, a negative result does not rule out COVID19 and should not be used as the sole basis for treatment or patient management decisions. A negative result does not exclude the possibility of COVID-19. When diagnostic testing is negative, the possibility of a false negative result should be considered in the context of a patient's recent exposures and the presence of clinical signs and symptoms consistent with COVID-19. The possibility of a false negative result should especially be considered if the patient's recent exposures or clinical presentation indicate that COVID-19 is likely, and diagnostic tests for other causes of illness (e.g., other respiratory illness) are negative. If COVID19 is still suspected based on exposure history together with other clinical findings, re-testing should be considered by healthcare providers in consultation with public health authorities.

**A positive test result** for COVID-19 indicates that RNA from SARS-CoV-2 was detected and the patient is infected with the virus and presumed to be contagious. Laboratory test results should always be considered in the context of clinical observations and epidemiological data in making a final diagnosis and patient management decisions. Patient management should follow current CDC guidelines. The ID NOW COVID-19 has been designed to minimize the likelihood of false positive test results. However, in the event of a false positive result, risks to patients could include the following: a recommendation for isolation of the patient, monitoring of household or other close contacts for symptoms, patient isolation that might limit contact with family or friends and may increase contact with other potentially COVID-19 patients, limits in the ability to work, the delayed diagnosis and treatment for the true infection causing the symptoms, unnecessary prescription of a treatment of therapy, or other unintended adverse effects.

**An invalid test result** resulting from a rapid swab test can be due to a problem running the test or an interfering substance in the specimen. A specimen using other testing technology should be collected and submitted to a laboratory for COVID-19 testing.

**Questions:** If you have any questions about the rapid test result, please contact the Authorizing Provider.

**Confidentiality and Disclosure:** This information has been disclosed to you from confidential records which are protected by state law. State law prohibits you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.