

COVID-19 Rapid Antigen Screening and Consent Form

It is the traveler's responsibility to verify the entry requirements, type of test and timing of results for the travel destination prior to booking a testing appointment. Information regarding testing requirements can be located at <https://www.iatatravelcentre.com/world.php>. Please complete this form prior to receiving your COVID-19 rapid test required for international travel. Your answers to these questions will help the pharmacist determine if there is any reason why you should not receive the COVID-19 rapid test at this time. If you are a parent or guardian providing consent for a child or other person, please complete this information for the person who will be receiving the test.

Patient information:

First Name:	Last Name:
DOB: Age:	Health card #:
Address:	City:
Phone #:	Email:

Screening questions for patient receiving COVID-19 rapid test:

	Yes	No
Do you have either a fever OR a cough?		
Do you have any TWO of the following symptoms of Covid-19: shortness of breath, sore throat, decrease or loss of sense of taste or smell, chills, headaches, unexplained fatigue, nausea, vomiting, diarrhea, conjunctivitis, runny nose, nasal congestion without a known cause?		
Have you been in contact with anyone who has tested positive for COVID-19 in the past 14 days?		
Have you been advised to get tested for COVID-19 through an exposure notification?		
Have you previously tested positive for COVID-19 in the last 90 days?		

Pharmacist Notes _____

Patient consent: I consent to having the pharmacy practitioner administer the rapid COVID-19 test via a throat and nasal swab. I have reviewed the information about this test, and the pharmacist has answered my questions. I understand the risks, benefits, expected outcome and possible side effects of this test. I agree the pharmacy may share my personal health information regarding this test as required with public health officials and other healthcare providers by mail, fax or as required by public health.

I understand I am responsible to verify the entry requirements, type of test and timing of results for my travel destination.

I am providing consent for myself

I am providing consent for the patient named above parent guardian other: _____

Signature of person providing consent: _____ Date: _____