Weimar Independent School District
BinaxNOW COVID-19 Ag CARD Consent and Testing Form

Weimar Independent School District takes the health and safety of our students very seriously. We only test with your consent. If you are willing to provide consent for us to administer the BinaxNOW COVID-19 Ag CARD Rapid Test on yourself, and submit the results to the Texas Rapid Test, please fill out this form.

Campus: ▢ Weimar High School ▢ Weimar Junior High School ▢ Weimar Elementary School

Driver's License Number: ____________________________ (Scan to txprapidtexas.org ▢ Yes ▢ No)

First Name: ____________________________ Last Name: _____________________________

Date of Birth: ___________________________ Age: _________ Sex: ▢ Male ▢ Female

Race / Ethnicity: ▢ White ▢ Hispanic ▢ Black ▢ Native American ▢ Asian ▢ Other: ______________

Email: ________________________________ Phone Number: __________________________

Street Address: _______________________________ City: _____________________________

County: ___________________ State: ________________________ Zip Code: __________________

Please answer the following:

- Is this the first test (of any kind) you have had for COVID-19 testing?▢ YES ▢ NO (See below)
  - IF NO, what type of test have you had before? ▢ PCR ▢ Antigen ▢ Antibody
  - IF NO, what is the date of the last test? ______________________
- Are you having any COVID-19 symptoms? ▢ YES ▢ NO (Asymptomatic)
  - If yes, please check all symptoms that apply & **list date symptoms started**: ________________

    ▢ Fever over 100.0℉ ▢ Feeling feverish ▢ Chills ▢ Cough
    ▢ Shortness of Breath ▢ Difficulty breathing ▢ Fatigue ▢ Headache ▢ Muscle / body aches ▢ Loss of taste ▢ Loss of smell ▢ Sore throat
    ▢ Nasal Congestion ▢ Runny Nose ▢ Nausea ▢ Vomiting
    ▢ Diarrhea

By sign below, I attest that:

A. I authorize the Weimar ISD to conduct collection, testing, and reporting on me for COVID-19 by nasal swab.
B. I acknowledge that a positive test result is an indication that I must self-isolate and quarantine for 10 days per the CDC and DSHS guidelines.
C. I understand that Weimar ISD is not acting as my medical provider, this testing does not replace treatment by my medical provider, and I assume complete and full responsibility to take appropriate action with regards to my test results. I agree I will seek medical advice, care and treatment from my medical provider if I have questions or concerns, or if my condition worsens.
D. I understand that, as with any medical test, there is a potential for a false positive or false negative COVID-19 test result.

I have been informed about the purpose, procedure, possible benefits and risks, and I have received a copy of this Informed Consent. I have been given the Opportunity to ask questions before I sign, and I have been told that I can ask additional questions at any time. I voluntarily agree to this testing for COVID-19.

Student Signature (Age 18 or older) ______________________________ Date: ________________________

Guardian/Student Signature (Minors): _____________________________ Date:________________________

Office Use Only:	
Test Results:	**Test Number:**
Test Completed by:	**Date:**