



CONSENT TO COVID-19 TESTING
Age 18+ Form

Children's Hospital Los Angeles (CHLA) is offering SARS-CoV-2 (also referred to as "COVID-19") viral testing and serology (or antibody) testing. Viral testing and serology testing are not designed for treatment. CHLA is utilizing viral testing as an optional component of its COVID-19 screening program.

I understand that any COVID-19 testing, including the tests used by CHLA, have the potential for to return a false positive or false negative result. I understand that, whether I test positive or negative, no matter which type of test, I should take measures to protect myself and others from infection and transmission. Viral testing only reveals if the virus is currently present in an individual's body; a negative viral test is not a clean bill of health and does not mean you may not acquire the virus later.

I understand that I am not creating a patient relationship with CHLA by undergoing viral testing and/or serology testing and accessing these result(s). Testing does not replace independent evaluation and treatment by my medical provider. I assume complete and full responsibility for taking appropriate action with regards to my test results.

☐ YES - I agree to viral testing

☐ NO - I decline viral testing

☐ YES - I agree to serology testing

☐ NO - I decline serology testing

By selecting YES, I acknowledge and understand the following:

I was offered and/or provided with a copy of CHLA's Notice of Privacy Practices.

I have read, understand, and agree to the above and further agree to hold harmless CHLA including, but not limited to, its employees, agents, and contractors from any and all liability and claims.

I represent I have signed this consent voluntarily and intend to be legally bound by it.

Signature

Printed Name

Date