

Consent Form

Informed Consent for Coronavirus (COVID-19) Screening

I authorize Wild Health to conduct collection, testing, and screening for COVID-19 through a [nasopharyngeal swab]. I acknowledge that this screening is being conducted at the request of Keeneland Association and any results or findings are for its benefit in order to determine whether it is safe for me to perform duties during the September sale. I further acknowledge and expressly consent to each of the following:

- (1) I authorize my test results to be disclosed to the county, state, or to any other governmental entity as may be required by law.
- (2) I acknowledge that a positive test result is an indication that I must self-isolate in an effort to avoid infecting others.
- (3) I understand that I am not creating a patient relationship with Wild Health by participating in this screening. I further understand that Wild Health is not acting as my medical provider and is not conducting a diagnostic test.
- (4) I understand that testing does not replace treatment by my medical provider. I assume complete and full responsibility to take appropriate action with regards to my test results. I agree that I will seek medical advice, diagnosis, care, and any necessary treatment from a medical provider if I have questions or concerns, or if my condition requires me to do so. If I do not have a medical provider, I may ask Wild Health for a list of health care professionals from whom I may receive follow-up care.
- (5) I understand that, as with any medical test, there is the potential for the occurrence of a false positive or false negative test result.

I have been given the opportunity to ask questions about this Consent before I sign, and I have been told that I can ask other questions at any time. Name (please print):

Signature: _____

Check if applicable: () Parent () Guardian () Legally Authorized

Representative Date: _____



PATIENT INFORMATION / Información del paciente		
Last Name / Apellido:		First Name / El Primer Nombre: MI:
Date of Birth / fecha de nacimiento (mm/dd/yyyy): _ _ / _ _ / _ _ _ _	KHRC #: Employer / empleador:	Collection Date 05 / ____ / 2020