

## COVID-19 Testing Consent Form

This form is required for employees who ***declined*** to certify their vaccination status on the COVID-19 Attestation Form, requiring them to be tested for COVID-19 weekly in accordance with [the State policy](#). This form will provide your institution with confirmation of your consent to be tested.

Follow the steps below to complete the form:

**1. Read the terms and information on consent to COVID-19 Testing at the top of the form.**

**2. Select the bubble to confirm your consent.**

By selecting this option I understand, agree, certify and authorize the above statement

**3. Select your institution from the drop-down menu and click “Submit.”**

2. Please select your institution \*

Select your answer

Submit