



**Mather COVID-19 Testing
CONSENT AND AUTHORIZATION TO RELEASE INFORMATION**

As expressed in The Mather Communicable Disease Outbreak Management Protocol, Mather's primary concern is for the health and well-being of our residents and employees. The Mather Infection Control and Communicable Disease Outbreak Protocol outlines that employees have safe, healthy and productive conditions in which to work and that residents and customers receive a high quality of service. The Company stresses education and prevention of the spread of any communicable diseases.

1. Voluntarily and of my own free will, without any duress or coercion, I agree to submit to a Covid-19 screening test when requested to do so by Mather.
2. In view of the public health emergency, I acknowledge that I understand that as a result of my refusal to consent to such testing, I may not be able to return to work until further notice. Once I have signed this consent, I understand that either my refusal to submit to Covid-19 Testing or failure to successfully complete the test may result in Mather not allowing me to return to work until further notice.
3. I authorize Mather to release personal and health insurance plan information to the medical or laboratory personnel conducting such testing.
4. I authorize the medical or laboratory personnel conducting such testing to release the results of the testing to Mather.
5. I understand that Mather wishes to make certain disclosures to members of the workforce for the purposes of preventing the spread of COVID-19, reporting to local, county, state or governmental entities, and administering my time away from work. I voluntarily and freely choose to permit a limited disclosure of my test results to others within the workforce who may have come into contact with me and necessary administrative personnel.
6. By signing this consent and release, I release and waive any rights or claims which I or anyone claiming through me may have, now or in the future, against Mather and its divisions, its employees, officers, and agents, arising out of or relating to such testing.
7. Check One:
☐ I am over 18 years old.
☐ I am under 18 years old and understand that parental consent will be required at the time of testing
8. Please notify me of my test results by email at: _____ or by text at: _____
9. I hereby certify that I have read and understood this consent and release and sign it voluntarily in the presence of a witness.

Print Name

Signature

Date

Witness

Parental Consent