



Consent and Release

I, _____, authorize St. John's Home to perform rapid COVID-19 testing for me.

1. This authorization is given with the understanding that COVID-19 tests may produce erroneous results (i.e. false positives, false negatives).

2. I understand that no guarantee or assurance has been made as to the accuracy of the results of the test.

3. I hereby release St. John's Home and its agents, attorneys, employees, assigns, heirs, executors and/or administrators, from all actions, causes of action, suits, debts, dues, sums of money, accounts, reckonings, bonds, bills, specialties, covenants, contracts, controversies, agreements, promises, damages, judgments, executions, claims, and demands whatsoever, in law, admiralty or equity, which against St. John's Home the undersigned, his/her heirs, executors, administrators, successors and assigns ever had, now have, or hereafter can, shall or may have arising from the COVID-19 testing.

4. I have read and fully understand this consent form, and understand that I should not sign this form if all items, including all my questions, have not been explained or answered to my satisfaction or if I do not understand any of the terms or words contained in this consent form.

5. This authorizes St. John's Home to release my name, address and COVID-19 test results to the New York State Department of Health or other regulatory agency requesting the information from St. John's Home.

6. This is a continuing consent and release for all COVID-19 testing performed by St. John's Home.

Date: _____

Signature: _____

Printed Name: _____

Witness: _____

Printed Name: _____