



COVID-19 Testing Results Informed Consent

Please carefully read and sign the following informed consent:

- a. I authorize New Mexico Tech Health Center and NM Tech administrators to disclose my test results internally on a need to know basis.
- b. I acknowledge that a positive test result is an indication that I must self-isolate in an effort to avoid infecting others.
- c. I understand the NMT testing site is not acting as my medical provider, this testing does not replace treatment by my medical provider, and I assume complete and full responsibility to take appropriate action with regards to my test results. I agree I will seek medical advice, care and treatment from my medical provider if I have questions or concerns, I test positive or if my condition worsens.
- d. I will provide contact information as requested by New Mexico Tech or the New Mexico Department of Health (NMDOH) so that proper contact tracing can be conducted.
- e. I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result.

To the fullest extent permitted by law, I hereby release, discharge and hold harmless, New Mexico Tech, including, without limitation, any its respective officers, directors, employees, representatives and agents from any and all claims, liability, and damages, of whatever kind or nature, arising out of or in connection with any act or omission relating to my COVID-19 diagnostic test or the disclosure of my COVID-19 test results.

Check all that apply to you:

- Employee
- Student
- Neither of the above

First Name

Last Name

900# (if student or employee)

Signature

Date