

**RAPID  
ANTIGEN  
TESTS**

## Antigen Test Consent Form

NAME:

DOB:

DATE:

Do you have any of these symptoms: Fever, cough, shortness of breath, chills, body aches, sore or scratchy throat, headache, runny nose, muscle pain, vomiting, nausea, diarrhoea or loss of smell or taste?

YES  NO

Have you been in contact with a COVID-19 case in the last 14 days or been asked to self-isolate by a health official?

YES  NO

Have you been to any of the locations or nominated public transport routes during the time and date indicated, in the "Close contacts - Get tested immediately and self-isolate for 14 days"

YES  NO

Have you or a household member been in contact with a confirmed or suspected case of COVID-19 in the past 14 days?

YES  NO

A TGA approved rapid antigen swab can detect the presence of viral proteins (antigens) expressed by the COVID-19 virus in a sample from the respiratory tract of a person. This DOES NOT replace the PCR (polymerase chain reaction) tests, as PCR testing is the most accurate at detecting the virus. Rapid antigen testing is most sensitive and specific in the first 5 days of infection.

The reason we are performing a rapid test is because we get a result 15 minutes after testing. This will help us identify asymptomatic COVID 19 patients and thus assist with reducing the spread of the virus within the workplace and greater community.

I consent to having a COVID-19 rapid diagnostic test. I understand it does not replace the PCR tests and will continue to abide by state public health orders. Positive results may be escalated to the local state health department and further PCR testing must be performed.

SIGNATURE:

DATE:

START TIME:

END TIME:

STAFF INITIAL:

Result: **POSITIVE\*** Contact the local state communicable diseases reporting line

INVALID

NEGATIVE