

Employee Consent
Mississippi COVID-19 Testing Program

Dear Employee,

The Jackson Public School District is partnering with the Mississippi State Department of Health (MSDH) to conduct COVID-19 screening (testing) for unvaccinated adults. The screening tests are rapid antigen tests that provide results within roughly 15 minutes. MSDH has contracted with Maverick Health, LLC (“Maverick”) as the laboratory administering or performing the tests.

There is no cost to you or your family for these screening tests.

The purpose is to provide an additional layer of prevention to slow the spread of COVID-19 in school settings.

The screening program is for unvaccinated staff who do not have symptoms (staff with symptoms should be evaluated by their primary care provider).

Participating staff members will be screened weekly using the rapid tests. The test uses a simple collection procedure by inserting a swab a short way in the nose.

All results will be reported individually by name and in aggregate form to MSDH and results will be available via an online portal. Staff members who test positive will be excluded from the JPSD workplace setting for 10 days from the date of the test as long as they have no symptoms. Staff members with a positive rapid test who have a negative molecular based COVID-19 test within 48 hours of the rapid positive do not require further exclusion and may return to the JPSD workplace setting. This only applies to molecular based tests (i.e., PCR) and does not include an additional rapid antigen test or antibody tests.

Please complete the following as consent for participation:

Employee (Staff Member) Name (please print): _____

School/Department Name: _____

I hereby authorize Jackson Public School District and/or Maverick Health, LLC to administer weekly antigen COVID-19 screening/testing to me, and, in the event of a positive test result, an additional molecular based test (PCR). I understand that this authorization extends inclusively from the date of my signature through **July 31, 2022**. I understand that these weekly screenings are free, and I will have access to the test results through an online portal. I further agree that my test results will be available to the School District and reported to the MSDH.

Employee Printed Name

Employee Signature

Today's Date
