



Dear Staff Member,

As we start to bring more students back to school, FCPS is taking many steps to keep our schools and community safe. Steps we are taking include: hand washing, physical distancing and face coverings/masks.

In addition to these practices, FCPS will offer free in-school COVID-19 diagnostic testing. In collaboration with the Virginia Department of Health, FCPS has chosen to participate in a COVID-19 testing pilot program. Rocky Run Middle School has been selected to participate in this program. **Participation is voluntary.**

COVID-19 diagnostic testing will be offered to any student or staff member who has symptoms of COVID-19 during the school day. The purpose of this testing is to identify cases as soon as we can and take steps to protect others within our schools and community. The Virginia Department of Health provided FCPS with the Abbott BinaxNOW antigen test. A trained testing team member will swab the front of the staff member's nostril. The test results take approximately 15 minutes.

In accordance with the current FCPS protocol, the symptomatic staff member will be asked to leave campus and to follow up with their health care provider, regardless of the test result. The staff member must provide a Return-to-Work form, signed by their health care provider, before returning to work. For further information, refer to [Regulation 4135](#).

If you feel ill or have symptoms of COVID-19 prior to the school day, **please stay home.**

**For you to participate in the program, the attached consent form must be completed and returned to your school.**

For further information, please refer to the [Frequently Asked Questions](#) document, which may answer many of your questions. If you have additional questions, please contact your school's administrator or supervisor



## STAFF MEMBER COVID-19 IN-SCHOOL TESTING CONSENT FORM

<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Name:</b>	<b>Birth Date:</b>  ____/____/____
<b>Address:</b>	<b>Street:</b> <b>City:</b> <b>State:</b> <b>Zip:</b>		
<b>Phone:</b>		<b>Email:</b>	<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to answer
<b>Race:</b>	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hawaiian Native or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Not Stated		<b>Hispanic/Latino:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer

**By completing and submitting this form, I confirm that I consent, and that I authorize the administration of a COVID-19 antigen test during school hours, free of charge. I understand that authorizing a COVID-19 test is optional and that I can refuse to give this authorization, in which case, I will not be tested. I further understand that I must stay home if feeling unwell prior to the school day.**

**Consent and Data Sharing (please initial):**

\_\_\_\_\_ In the event I show symptoms of COVID-19, I authorize the administration of an Abbott BinaxNOW COVID-19 antigen test. I understand that my test results will be reported to me and to the Virginia Department of Health, in accordance with state law.

**Authorized Signatory:**

I understand that I can change my mind and cancel this permission at any time. To cancel this permission for COVID 19 testing, I need to contact [POC Name] directly at [Contact Info].

\_\_\_\_\_  
Printed Name of Staff Member

\_\_\_\_\_  
Signature of Staff Member

\_\_\_\_\_  
Date