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COVID-19 specimen collection and consent form Covid 19 rapid antigen test

**Note: Present your passport for verification at the testing zone.**

**Section A: Demographic Information**

Full Name:		Gender:
1. _____		1. M/F
2. _____		2. M/F
3. _____		3. M/F
4. _____		4. M/F
EMAIL ADDRESS:		
CITY:	STATE:	ZIP:
DATE OF BIRTH: DD/MM/YYYY	PHONE NUMBER:	
1. ____/____/____		
2. ____/____/____		
3. ____/____/____		
4. ____/____/____		
LOCATION OF CLINIC/SPECIMEN COLLECTION:		

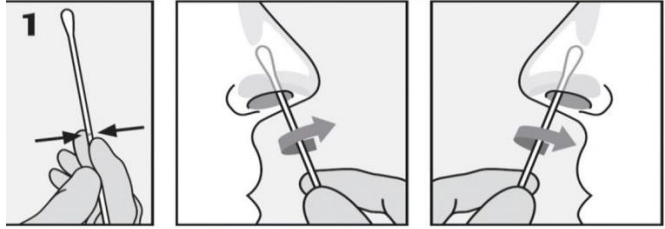
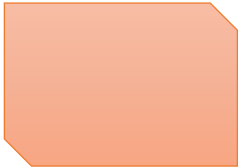
**Section B: Information about Specimen Collection & Consent**

Coronavirus disease (COVID 19) is an infectious disease caused by SARS COV 2. Most people infected with COVID 19 will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people and those with underlying medical problems (such as cardiovascular disease, diabetes, chronic respiratory disease, and cancer) are more likely to develop serious illness. People with COVID 19 have had a wide range of symptoms reported, ranging from mild symptoms to severe illness, including hospitalization and death.

Symptoms may appear 2-14 days after exposure to the virus. Signs and symptoms may include, but are not limited to:

- Cough
- Shortness of breath or difficulty in breathing.
- Fever or chills
- Muscle pain
- Sore throat
- New loss of taste or smell
- Fatigue
- Headache
- Congestion or runny nose
- Nausea or vomiting or diarrhea

For initial diagnostic testing for SARS-CoV-2, the manufacturer recommends collecting and testing a nasal specimen. A nasal swab is collected by inserting a swab with a flexible plastic shaft through both nostrils.



**Section C: INFORMED CONSENT FOR CORONA VIRUS Antigen TESTING- RESIDENT/PATIENT/CLIENT**

- I have read the attached COVID 19 Fact Sheet regarding testing and sample collection procedure and authorize testing through a nasal specimen.
- I authorize my test results and any follow-up tests to be disclosed to my physician or authorized health care provider, the property where I am staying (Club Wyndham Resort Denarau Island (**the Resort**), local and national public health departments including Ministry of Health (MOH) and Fiji CDC, or to any other governmental entity as required by law.
- I understand that if I return a positive test the Resort Wellness Ambassador and General Manager will be advised of this by Budget Pharmacy to ensure that self-isolation protocols are adhered to as per direction from the MOH.
- I understand a positive test result could be an indication that I am infected with the virus that causes COVID19 and that I may be asked to immediately isolate and be tested again with a PCR test.
- I understand that the local and national public health departments such as the Ministry of Health and Fiji CDC dictate isolation time frames and requirements and if I test positive to COVID19 I understand I will be requested to return home to self-isolate if I have a local residence in Fiji, enter a Government quarantine facility or be required to self-isolate at the Resort in accordance with their self-isolation protocols.
- I understand that, as with any medical test, there is potential for false positive or false negative test results to occur.
- I, the undersigned, have been informed about the test purpose, procedure, benefits, and risks and I have received a copy of this informed consent. I have been given the opportunity to ask questions before I sign, and I have been told that I can ask questions any time. I voluntarily agree to be tested for COVID 19 and any follow-up testing.  
I acknowledge and understand the cost for the Rapid Antigen Test is \$32.00VIP per person and this will be charged to my room account for settling on departure.

**Disclaimer:**

I understand that I need to get a Rapid Antigen Test within 48-72 hours of my arrival into Fiji as required by the Fiji MoH and that it is my individual responsibility to ensure I arrange my departure testing with ample time to ensure I receive my test results back in time for my return flight. I understand that Wyndham Resort Denarau Island is a separate business entity than Budget Pharmacy (Fiji) Pte Limited and they are not responsible for any testing inconveniences, service shortfalls or the test results. I also understand Budget Pharmacy (Fiji) Pte Limited will not be responsible for any delays if the delay is caused by factors outside their control. I give my consent to the above (refer to Section C).

Signature:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

\*\*\*\*\*Official Use Below\*\*\*\*\*

Name, Title and Signature of Healthcare Professional Collecting Specimen:

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Title/Credentials

Date: \_\_/\_\_/\_\_

\_\_\_\_\_  
Signature