

Private and confidential: Testing Consent Form

I.....(Employee Name) confirm and agree with (Name of Employer) as follows:

- 1) I will submit to a test for Coronavirus (COVID-19) (the Test) when requested to do so by the Employer.
- 2) I consent to the Test being undertaken either on the premises of the Employer, designated test centre, GP surgery, any other testing facility or location and/or utilising a home testing kit.
- 3) I consent and agree to the release of testing results in relation to COVID-19 to my Employer and to the secure retention and use of those results for the purpose of my Employer's response and management of the COVID-19 risk in the workplace.
- 4) I agree that the collection of and retention of Test results as set out in this form are a legitimate purpose.
- 5) I agree to submit to repeat Tests as required.
- 6) I agree to the referral to an occupational health professional and/or doctor (and will submit to a medical examination) for further assessment in relation to COVID-19 if requested and deemed necessary by my Employer, I further consent to the release of any report or results following any such referral.
- 7) I consent to you obtaining access to my medical records from my GP OR specialist in order to enable my Employer to consider any risk assessment measures in respect of COVID-19.
- 8) I agree to follow any reasonable instructions of my Employer in relation to any test result, medical report or recommendation from a medical professional further to the consents given in this agreement.
- 9) In the event of a further pandemic event, or any further recurrence of COVID-19 or any other strain, or coronavirus/COVID related virus I agree that the terms of this consent form will apply.
- 10) I do/do not consent to you processing special categories of my personal data (for the purposes of the General Data Protection Regulation and the Data Protection Act 2018) as necessary to carry out the above.

Signed: _____

Name of individual:

Date: