

Loudoun County Employee/Volunteer and Household Member Testing



ADMINISTRATIVE OFFICES

224 - D Cornwall Street ■ Suite 403 ■ Leesburg, VA 20176 ■ Ph: 703.737.6010

First Name: _____ Last Name: _____

Date of Birth: _____ Email: _____

Street Address: _____ Gender: Male Female

City: _____ State: _____ Zip Code: _____

Cell Number: _____ **PLEASE COMPLETE ALL 10 QUESTIONS & SIGN BELOW**

1. Race: Asian Asian Indian Black/African American American Indian/Alaska Native
 Native Hawaiian Other White
2. Ethnicity: Hispanic/Latino Not Hispanic/Latino
3. Is this your first COVID-19 test? Yes No If no, when were you tested: _____
4. Are you currently symptomatic? Yes No If yes, Date Symptoms Started: _____
(Symptoms include: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea)
5. Females Only: Are you currently pregnant? Yes No
6. Are you a: County Employee Volunteer State Employee Assigned to Loudoun County
7. Participant Relation to County Representative: Self Spouse Household Member
8. County or State Employee Name: _____
9. County or State Employee ID Number: _____
(County Employee Number in Oracle: Log in > Select Employee Self Service > Select "Personal Information" > Find Employee Number under "Basic Info")
10. Volunteer or State Employee department assignment: _____

LMG – SML – TESTING FOR COVID 19

Today you are being tested for COVID-19 via a diagnostic test. By completing this form, you are stating that you are a county employee, volunteer, state employee assigned to Loudoun County or household member and consent to testing and agree to this waiver.

Diagnostic Test

A diagnostic test tells you if you have an active infection. This test is manufactured by Roche Laboratories and run on Roche Instrumentation. The RT-PCR specimen requirement is a nasopharyngeal swab. It looks for the genetic material of the coronavirus. The test uses a technology called PCR (polymerase chain reaction), which greatly amplifies the viral genetic material if it is present.

Receiving Test Results

- **Positive for COVID-19:** All Positive COVID-19 results will be communicated to the individual by an LMG Provider with further instructions
- **Negative:** All Negative COVID-19 results will be communicated by text message to the individual

By signing this form, I agree that:

- I understand there are no guarantees about testing.
- There can be false positives and negatives.
- I understand that positive test results for employees and volunteers will be shared with Loudoun County Human Resources. Other general test results will be shared with the County, but not by name.
- This waiver includes all individuals registered above.
- I understand that follow-up measures (such as self-isolation), symptom management, and possibility of being contagious will not be based on this test alone. These will be based on symptoms and possible exposures.
- I am a Loudoun County Employee, volunteer, or State employee assigned to Loudoun County or permanently reside with someone who is. Misrepresentation of this information will result in the cost of the test to be billed to me at full price.

Signature: _____

Date: _____