

Consent to SARS-CoV-2 Testing

Background: Harvey Mudd College (“College”) may require all faculty, staff, and independent contractors who wish to perform work on campus to be tested for the presence of SARS-CoV-2, also known as the “coronavirus.” SARS-CoV-2 is the virus that causes the disease known as COVID-19. This form explains the SARS-CoV-2 testing process, who will get your test results and how your test results will be used. By signing this consent form, you provide your consent to testing by The Claremont Colleges Services (“TCCS”) Student Health Services and its contracted laboratories at a frequency to be determined by the College. The College will make periodic determinations as to whether such testing will continue to be required.

Primary Test to be Used: TCCS Student Health Services will primarily use a test that has been developed by Shield T3, LLC to detect whether an individual has SARS-CoV-2. The test involves providing a small amount of saliva into a collection tube. The test will be administered by TCCS Student Health Services’ staff. The U.S. Food and Drug Administration (“FDA”) has granted the test an emergency use authorization. TCCS reserves the right to update or change the testing methods and technology. More details about Shield T3’s SARS-CoV-2 test can be found in the attached [Fact Sheet for Patients](#). The results of your test will **not** tell you if you had the virus in the past or if you have immunity to getting the virus in the future. The test presently only looks for the presence of the virus in your specimen at the time of the test. If the test result is positive, you will be required to remain in isolation at home for the time period set by current public health guidelines and College policy.

Consequences of Declining Testing: Should you refuse to consent to SARS-CoV-2 testing as requested or required, you will not be allowed to come onto or stay on campus, including any off-campus facilities owned or operated by TCCS or another member of The Claremont Colleges.¹

Information to be Released to, or Used by, TCCS Student Health Services: For you to receive a test, your employer will share certain information about you, including your name, telephone number, mailing address, date of birth, gender, race, and ethnicity, with TCCS’ Student Health Services.

Information to be Released by TCCS Student Health Services: The results of your test(s), and/or the status of your permission to come to campus, will be provided to the College and your employer’s human resources staff. TCCS’ Student Health Services will release your test results to the Department of Public Health in the county your mailing address is located in, the California Department of Public Health, and certain federal, state, or local government agencies as required by law. Further, TCCS will release certain information contained in your employment and health record, including, but not limited to, your name, telephone number, mailing address, date of birth, gender, race, and ethnicity and information necessary for the purposes of reporting your test results to any federal, state, or local government agency as required or permitted by law.

What to Do After Testing: After a positive result, you will be required to immediately go home to isolate, as per public health guidelines. You will be contacted by the TCCS Student Health Services Contact Tracing Team. Once you are informed of your positive result, please follow the instructions provided by the TCCS Student Health Services Contact Tracing Team.

As further outlined in the Fact Sheets for Patients, negative results mean that the virus was not detected in your specimen. You should know that it is possible for the test to produce an incorrect negative result (called a “false negative”) in some people who have SARS-CoV-2. This means that you could possibly still have COVID-19 even though the test is negative. If you test negative but have symptoms of COVID-19 or concerns about exposure to SARS-CoV-2, call your own physician. You can read more about COVID-19 symptoms on the Centers for Disease Control and Prevention website at the following link: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>.

¹ The Claremont Colleges members are Pomona College, Claremont Graduate University, Scripps College, Claremont McKenna College, Harvey Mudd College, Pitzer College, and Keck Graduate Institute.

Contact Assessment: If your test(s) result is positive for COVID-19, TCCS or the College may communicate the positive result to those individuals with whom you have been in contact (a process known as contact assessment). TCCS and the College will attempt to preserve your privacy during such communications, although complete anonymity may not be feasible given the size of the workforce and the details that may need to be disclosed in order to conduct effective contact assessment. Local or state authorities may also contact you to perform contact assessment.

Leftover Samples: If there is leftover specimen after your test is performed, TCCS will remove information that directly identifies you from the specimen and may use it for quality assurance, validation and laboratory testing development or for public health purposes in collaboration with, or at the direction of, a public health authority.

Questions: If you have questions about why you are taking this test or how TCCS or the College may use the results of your test, please contact Human Resources at hr@hmc.edu.

* * *

By signing below you agree: (i) that you have read and understand the information in this consent form and related documents, including the Fact Sheets for Patients; (ii) to provide specimens for testing at intervals to be determined by the College; (iii) to have your specimen(s) tested by TCCS for SARS-CoV-2; (iv) that TCCS, the College, and your employer may use and disclose your test results, health information and personal information as outlined in this form and the accompanying “Authorization for Release of Medical Information”; and (v) that after any test is over, your leftover specimen and/or information about you may be used without information that directly identifies you for quality assurance, validation and laboratory testing development and public health purposes.

Signature: _____

Name: _____

Employee/Contractor ID #: _____

Date: _____