



Covid 19 Sentinel Testing Information Consent Form

Name: _____ Family member name/Room # _____

Gender Identity (Check) ___ male ___ female ___ transgender male ___ transgender female not listed: _____

Sex: (circle) M F Date of Birth: (D) _____ / (M) _____ / (Y) _____

Medicare number: _____ Expiry date: (M) _____ / (Y) _____

Address: _____ City: _____ Postal code: _____

Phone number(s): (H) _____ (C) _____ (other) _____

Email address: _____

Are you pregnant? (circle) Y N Unknown

Have you travelled outside of NB? (circle) Y N
If yes: Date of Return: _____ Place of travel: _____

Have you travelled outside our Orange Zone? (circle) Y N
If yes: Date of Return: _____ Place of travel: _____

Family Doctor/Practitioner (Full name) : _____

I consent for Nasopharyngeal Covid-19 asymptomatic sentinel testing. Testing to be completed biweekly.

Please note:

- Adam Wilkins, NP is the sentinel testing ordering prescriber for Loch Lomond Villa.
- Swab results will be accessed by Public Health via Horizon Health I3 program.
- Negative Confidential results will be communicated via confidential email to the above listed address or via telephone for those without email by Public Health.
- Positive results will be communicated by a member of the Public Health team.

ECP signature