To help control the spread of influenza by reducing the potential risk of exposure to students and staff, the [insert name] Job Corps Center (Center) is making voluntary influenza testing available to all Job Corps students.

Influenza, also known as the flu, is a respiratory illness that is contagious. It is caused by the influenza virus and can infect the throat, nose, and lungs. The disease it causes can range from very mild to severe, and possibly death in the most severe cases. Influenza testing can inform the delivery of medical services such as the use of other diagnostic tests and the use of antiviral treatment, and decisions about infection prevention and control measures for influenza. As such, [center name] Job Corps Health and Wellness staff may administer influenza tests to Job Corps students as a part of maintaining center wellness. The results of this test will be maintained as a confidential medical record and will be handled in accordance with Job Corps’ Notice of Medical Information Use, Disclosure, and Access ([Form 2-01](https://prh.jobcorps.gov/Student%20Support%20Services/2.3%20Health%20Services/Associated%20Forms/Form%202-01%20Notice%20of%20Medical%20Information%20Use%20Disclosure%20and%20Access.pdf)) and Confidentiality of Medical, Health, and Disability-Related Information (Appendix 202). The test is being provided at no cost to students.

**Consent to Testing**

I have read or have had explained to me the information about influenza and influenza testing. I have had an opportunity to discuss the benefits and risks, if any, of influenza testing as administered by the Center Health and Wellness staff. I acknowledge that the testing process has been explained to me and I have had an opportunity to ask any questions I may have. I voluntarily consent to influenza testing administered by Job Corps Center [center name] Health and Wellness staff. I understand that if I receive a positive test result, the Center will follow up with appropriate medical advice and/or treatment. I understand that test results may be reported to the appropriate state and/or local departments of health, as required by law.

I understand that the accuracy of the result cannot be guaranteed and that even if I have a negative test result now, I can contract influenza at a later time. I understand that testing is one of several precautions that Job Corps is taking to identify carriers of influenza and reduce community transmission.

I also understand that I may request an accommodation or alternative method of screening due to a medical condition, disability, or a sincerely held religious belief, and that accommodation will be determined on a case-by-case basis. This authorization and consent is effective on the date it is signed, and is effective until specifically revoked in writing. A copy of this authorization shall have the same force and effect as the signed original.

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Student Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature and Date

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Parent/Guardian Name Parent/Guardian Signature and Date

(If the student is a minor)