



ARIZONA DEPARTMENT OF HEALTH SERVICES

COVID-19 Testing : Opt Out Form

The Arizona Department of Health Services (ADHS) will be coordinating testing for COVID-19 at _____(Facility Name) on _____(Date). This testing is being provided in response to the COVID-19 pandemic and pursuant to Governor Ducey’s Executive Order 2020-13 which issued an Enhanced Surveillance Advisory. See A.R.S. § 36-784(B).

All residents and staff will be offered testing free of charge. Test results will only be reported to ADHS, your local public health authority and the ordering provider. The tests offered will be either a nasopharyngeal swab (NP swab) collected for RT-PCR, which can detect current infection, OR a blood draw collected for a serologic test, which can indicate a past infection.

You are not required to be tested for COVID-19. If you do not wish to participate, ADHS requests that you opt out of testing by completing and submitting this form. Any information provided in this form is confidential and will not be available to the public.

Staff Resident

First Name (optional)

Last Name (optional)

Date of Birth (optional)

Have you previously tested positive for COVID-19 (optional)? Yes No

If you have previously tested positive for COVID-19 was it by (optional)

PCR serology unknown

Signature of Testee or appointed guardian (optional)

Date

Refused