

PCR COVID Testing for District Staff and Students

Vancouver Public Schools is pleased to offer a **free** drive-up/walk-up testing location for district students and staff who are either showing COVID symptoms, or have been exposed to a COVID-positive person.

Hours & Location

Effective Monday, 11/1/2021, the testing location will be open Monday through Friday from 8am to 4:30pm.

This is a drive-up/walk-up testing site. Pre-registration is not required, but will make the process faster.

This testing location at the Jim Parsley Center Complex, off Plomondon street. The address for this location is **4040 Plomondon St.** There will be an FCRC van parked outside the building with an awning next to it. See attached map for detailed directions and where to enter the parking lot. Please review the map, this will help with flow of traffic. **At no point will you need to enter a building to get tested.**

Type of test

The district will be offering no-cost, shallow-swab, COVID PCR testing. To be eligible for testing, the staff member or student must either be showing symptoms, or have had a recent exposure to COVID-19.

Step-by-Step Instructions

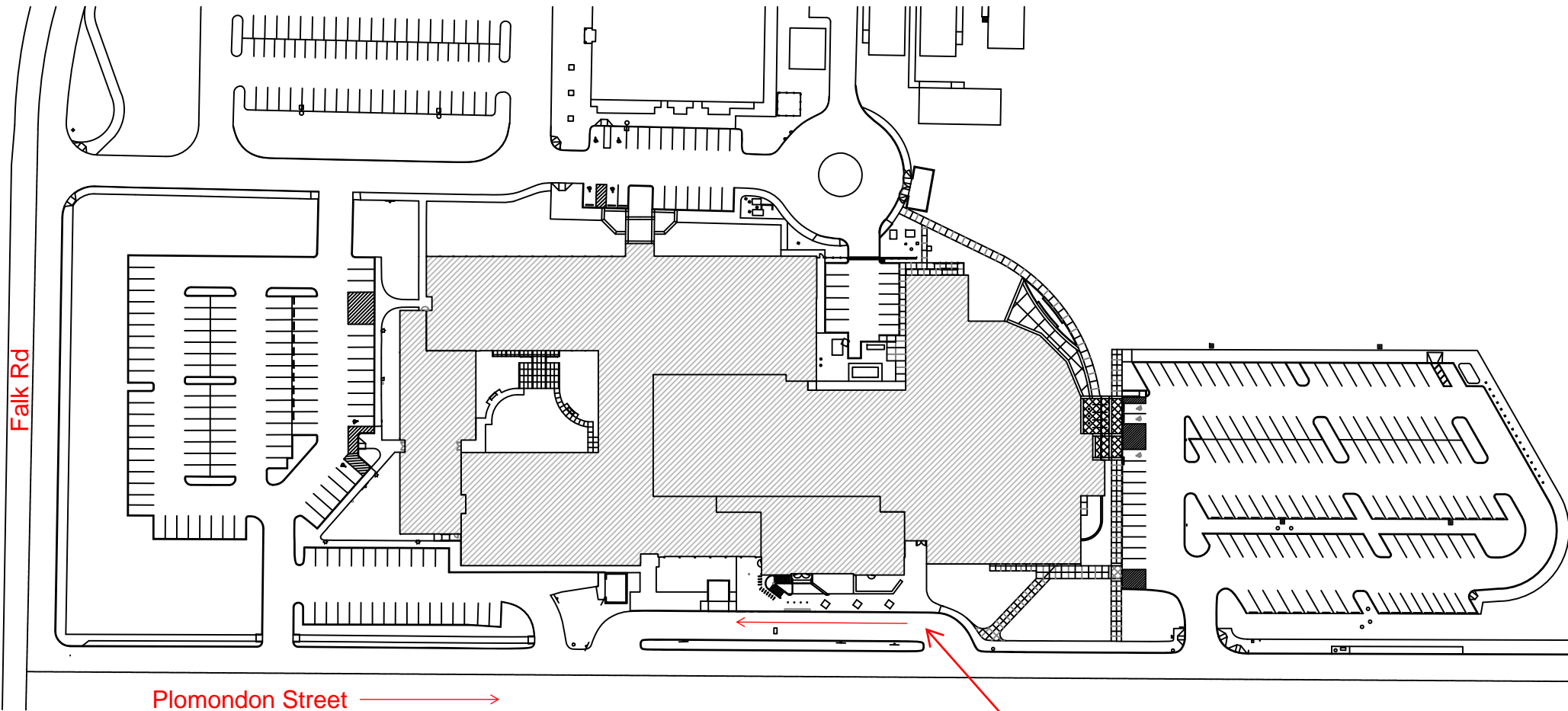
- ☐ Make an appointment by scanning the QR Code below, by scheduling with your school's COVID response team, or by going to the [Curative pre-registration page](#); **you may also scan the QR code with your personal device to register.**
- ☐ Enter information into appointment details. You will enter the information of the person being tested (i.e. if it's your child, enter in their info):
 - ☐ Symptoms, if any
 - ☐ Date you wish to get tested
 - ☐ Vaccination status
 - ☐ Personal information (DOB, address, etc.)
 - ☐ Demographic information
 - ☐ Electronic Signature consent (note this is different from the district's consent form)
 - ☐ Health insurance information or personal identification (insurance is not required for a free test, but encouraged to assist WA Department of Health recoup costs)
- ☐ Sign district consent form
- ☐ Bring the **district consent form** and your **appointment number** to the testing location



Questions? Call your school!

Centralized COVID-19 Testing Location at the Jim Parsley Center Complex

Testing Site Address: 4040 Plomondon St., Vancouver, WA 98661



Enter here for testing.
Pull forward to the FCRC van.

Consent Form for COVID-19 PCR (shallow nasal) Test

Student/Staff Name:
Student/Staff Birthdate:
School:
Parent/Guardian Name(s):
Home Address:
Phone Number:
Email:

Please carefully read the following informed consent:

Please carefully read the following notice and sign the authorization to test for COVID-19.

1. I understand that the COVID-19 testing will be conducted through a Curative PCR test provided by the Washington State Department of Health.
2. I understand that my ability to receive testing is limited to the availability of test supplies.
3. I understand the entity performing the test is not acting as my medical provider. Testing does not replace treatment by my medical provider. I assume complete and full responsibility to take appropriate action with regards to my test results and my medical care. I agree I will seek medical advice, care, and treatment from my medical provider or other health care entity if I have questions or concerns, if I develop symptoms of COVID-19, or if my condition worsens.
4. I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result.
5. I understand it is my responsibility to inform my health care provider of a positive test result, and that a copy will not be sent to my health care provider for me.
6. I understand that my test result will be available in 24-48 hours.
7. I understand and acknowledge that a positive PCR test result is an indication that I need to self-isolate to avoid infecting others for a minimum of 10 days or until I obtain a negative PCR test result.
8. I have been informed of the test purpose, procedures, and potential risks and benefits. I will have the opportunity to ask questions before proceeding with a COVID-19 test. I understand that if I do not wish to continue with the COVID-19 diagnostic test, I may decline to test.
9. I understand that to ensure public health and safety and to control the spread of COVID-19, my test results may be shared without my individual authorization.
10. I understand that I may withdraw my consent to participate in testing at any time.

AUTHORIZATION/CONSENT TO TEST FOR COVID-19

- ☐ I agree to authorize my child to undergo COVID-19 testing.

Parent/Guardian Signature

Date

- ☐ I agree to undergo COVID-19 testing.

Student/Staff (18 or older) Signature

Date