

Consent for COVID-19 Antibody Testing via Blood Sample

I certify and hereby give my consent to the staff of Hy-Vee Pharmacy for health screenings, including but not limited to testing and data collection of COVID antibodies with the collection of a fingerstick blood sample. I understand that this test is not for the diagnosis of active COVID-19 infection. I understand that research is still ongoing to determine how long antibodies are present, and how/if that correlates to potential immunity. I further understand the screening is not a medical diagnosis and agree that it is my obligation to arrange a follow-up consultation with my physician to review the test results and discuss the appropriate course of action. I authorize the pharmacy staff to send copies of my results to the appropriate public health authorities (including State Registries, Depts. of Health, and/or CDC). I hereby release Hy-Vee Pharmacy and its parent, subsidiary and affiliates, and its officers, employees and agents, respectively, from any and all liability that might arise from these results on behalf of me, my heirs and personal representatives. I acknowledge I have the right to ask for a copy of the Hy-Vee Notice of Privacy Practices.