

# VISITOR CONSENT FORM

## Lateral Flow Testing for Coronavirus/ Covid-19



Name of Individual you are visiting:	Your full name, and home address:
Date of visit:	Time of visit:

**I consent for trained staff to carry out a Lateral Flow Test on me prior to admission to the service.**

1) I wish to register my own kit in the presence of staff (using my own mobile device). Register here: <a href="https://gov.uk/enter-lateral-flow-test">https://gov.uk/enter-lateral-flow-test</a>	Y/ N
2) I would like NCG staff to register my data with the NHS on my behalf (using an NCG devices).	Y/N
3) I understand that if a positive test come back, I will not be allowed access to the service and I may be contacted by the NHS Test and Trace Team.	Y/N
4) I agree for my Information to be shared with the NHS.	Y/N
5) I understand that I will be refused access to the service if I do not complete the Lateral Flow Test or if my result comes back positive.	Y/N
6) I understand I will need to complete a Lateral Flow Test every time I visit the service until the guidance changes.	Y/N
I agree to the following guidelines whilst in the service:	
1) I will wear the personal protective equipment provided by staff and I will not remove it until told to do so.	Y/N
2) I agree to stay in the agreed visitor location unless directed to move by a member of staff.	Y/N
3) I agree to give any gifts to staff so they can be sanitized prior to being given to the Individual.	Y/N

<b>YES</b> , I have read the consent form, I give consent to be tested for Coronavirus/ Covid-19 using the Lateral Flow Test.	<b>Staff</b> The visitor has completed the consent form correctly and agreed to the test.
Name	Name
Signature (visitor)	Signature – Caretech Staff
Date	Date

If 'No' please give reason(s)