

Employee Consent Form for COVID-19 Testing

An **employee consent form** sample for COVID-19 testing ensures clear communication of testing procedures and privacy policies. It helps employers obtain voluntary permission while maintaining compliance with health regulations. Proper documentation protects both employees and the organization during pandemic management.

Consent to COVID-19 Testing

Employee Name:

Employee ID/Number:

Department:

I, the undersigned, consent to undergo COVID-19 testing as required by my employer. I understand that:

- The purpose of testing is to protect the health and safety of employees and the workplace.
- Results will be kept confidential and only shared with authorized personnel in accordance with applicable privacy laws and health regulations.
- I may withdraw my consent at any time by notifying Human Resources in writing.
- Refusal to undergo testing may be subject to employer policies and public health requirements.

Employee Authorization

I have read, understood, and voluntarily agree to the above statements regarding COVID-19 testing.

Signature:

Date:

Submit