

**Employee Consent**  
**Mississippi COVID-19 Testing Program**

Dear Employee,

The Jackson Public School District is partnering with the Mississippi State Department of Health (MSDH) to conduct COVID-19 screening (testing) for unvaccinated adults. The screening tests are rapid antigen tests.

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**/Department Name:** \_\_\_\_\_

I hereby authorize Jackson Public School District and/or Maverick Health, LLC to administer weekly antigen COVID-19 screening/testing to me, and, in the event of a positive test result, an additional molecular based test (PCR). I understand that this authorization expires from the date of my signature through **July 31, 2022**. I understand that these weekly screenings are free, and I will have access to the test results through an online portal. I further agree that my test results will be available to the School District and reported to the MSDH.

Employee Printed Name

Employee Signature

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