

The International School of Bremen takes the health and safety of our students very seriously. As such, we are adding a voluntary Grade 3-12 COVID-19 testing programme for students in Cohorts where there is a concern/ if a student is feeling unwell/ if they have returned from a risk area following completion of quarantine. This programme uses **Lepu Medical** (self-test provided by the Senate) and **humasis** SARS-CoV-2 Antigen Rapid Tests. We will only test with your consent. If you are willing to provide consent for us to administer this test on your child or yourself (if student age 18 or older), please fill out this form.

What is the test?

If you consent, your child will receive a free **Lepu Medical** OR **humasis** rapid antigen test for the COVID-19 virus. Collecting a specimen for testing involves using a swab, similar to a Q-tip placed inside the front of the nose for **Lepu Medical** which will be done themselves by the student with staff supervision, *OR with a nasopharyngeal swab* carried out by a trained health staff member (Mrs Brinkmann-Mclean) for the **humasis** test. Test results will be made available to the parent/guardian who signs this form below. The negative results will be sent by email within 5 hours of the test, positive results will be sent within 30 minutes. This program is **entirely optional** for students. The test is being offered in addition to existing safety protocols such as mask-wearing, social distancing, and frequent disinfection of surfaces.

What should I do when I receive my child's test results?

If your child or you (if student age 18 or older) tests positive for the virus, your child will be moved to a room away from other students and staff until you can pick him/her up. We ask that you then contact your child's doctor to get a PCR test done, or take them to the walk in MVZ center in Bremen city center. Please keep your child at home until the result of the PCR test comes through. If the result is *negative* please notify the ISB Health Office and your child may attend School again. If the PCR test is *positive* then the Gesundheitsamt will contact you for further steps and quarantine.

Be aware that in a small number of rapid test cases, tests sometimes produce incorrect results – showing negative results (called “false negatives”) in people who have COVID-19 or showing positive results (called “false positives”) in people who don't have COVID-19.

Known Symptoms:

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus**. People with these symptoms may have COVID-19:

- Feeling feverish or a measured temperature greater than or equal to 37.8 degrees Centigrade
- Loss of taste or smell
- Cough
- Difficulty breathing
- Shortness of breath
- Fatigue
- Headache
- Chills
- Sore throat
- Congestion or runny nose
- Shaking or exaggerated shivering
- Significant muscle pain or ache
- Diarrhea
- Nausea or vomiting

This list does not include all possible symptoms.

Disclaimer:

While we realize precautions will be taken for the safety of students, please understand that neither the test administrator or ISB are liable for any accident or injuries that may occur to your child or yourself (if student age 18 or older), as a result of agreeing to the test.

TO BE COMPLETED BY PARENT, GUARDIAN OR ADULT STUDENT**Parent/Guardian Information***You will be notified with test results via email.***Parent/Guardian
Print Name:****Parent/Guardian
Email Address:****Child/Student Information****Child/Student Print Name:****Grade:****CONSENT**

By signing below, I attest that:

- A. I authorize the school to conduct collection and testing of my child or me (if student age 18 or older) for COVID-19 using the **Lepu Medical** antigen Self Test:

☐*Please tick*

- B. I authorize the school to conduct collection and testing of my child or me (if student age 18 or older) for COVID-19 using the **humasis** antigen Nasopharyngeal swab test:

☐*Please tick*

- C. I acknowledge that a positive test result is an indication that my child or me (if student age 18 or older) may be COVID-19 positive so a further step is to have a PCR test done to confirm the result.

- D. I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result.

I, the undersigned, have been informed about the test purpose, procedures, possible benefits and risks, and I have received a copy of this Informed Consent. I have been given the opportunity to ask questions before I sign, and I have been told that I can ask additional questions at any time. I voluntarily agree to this testing for COVID-19.

Signature of Parent/ Guardian:**Date:****Signature of Student:**
*(if age 18 or over or otherwise
authorized to consent)***Date:****Signature to consent to test
(ISB STAFF)****Date:**