



STUDENT INFORMED CONSENT AGREEMENT TO WEEKLY COVID-19 TESTING

In an effort to keep our students safe and help prevent them from missing classroom time, Brookdale Community College has partnered with a duly licensed and accredited high-complexity clinical laboratory qualified as a P2 lab or higher as defined by the biosafety level criteria set forth by the Center for Disease Control and Prevention (the "CDC") to test unvaccinated students from the COVID-19 infection. Per the College Regulation, unvaccinated students must comply with weekly testing in order to attend on-campus classes and participate in activities.

I (PRINT NAME) _____, a student of Brookdale Community College, hereby promise to adhere to Brookdale Community College's Regulation 2.1003R which provides for the weekly testing of the COVID-19 infection if not fully vaccinated or not intending/able to be vaccinated. I understand that this Informed Consent form ("Form") seeks my signature to consent to weekly routine screening by showing proof of a negative PCR test either at a laboratory of my choice or at Brookdale Community College's Lincroft Campus testing site, presently located in the former Children's Learning Center (CLC), parking lot 4. I further understand and consent to be tested weekly and that free testing is available on site at the College which involves a non-invasive nasal swab. Should I provide-proof of vaccination verification to-the College and the submission is approved, I will be removed from the weekly testing program. I also understand that test results and/or vaccination status may be disclosed as permitted by law.

I understand, acknowledge and agree with the forementioned; and agree that by signing this Form I will adhere to weekly testing for COVID-19.

I also understand that if, after signing this informed consent, I do not comply with weekly testing, it may be considered a violation of the Brookdale Code of Conduct.

PRINT NAME: _____ Student ID # _____ Cell # _____

SIGNATURE: _____ Date: _____

If you are a minor, your parent's or legal guardian's signature below indicates their consent to the foregoing.

CONSENT TO TESTING:

I am the parent or legal guardian of _____ (student) and sign this Form as the legal authorized parent and/or legal guardian to make decisions for the student named above.

- I consent to my student being tested for the COVID-19 infection.
- I understand that, unless my student provides proof of full vaccination, my student is required to test at least one time per week.
- This Consent Form is valid and effective as of the date of my signature below unless I notify the Executive Director, Student Services at Brookdale Community College in writing that I revoke my consent.
- I understand that my student's test results and other information may be disclosed as permitted by law.

Name: _____ Date: _____