

Stephen F. Dockray
Superintendent-Director

Michael J. Procaccini
Principal

Daniel Haynes
Business Manager



TRI • COUNTY

REGIONAL VOCATIONAL TECHNICAL HIGH SCHOOL
147 POND STREET • FRANKLIN • MASSACHUSETTS 02038
Telephone: 508-528-5400 • Administration Fax: 508-528-6074
Business Office Fax: 508-528-3698 • www.tri-county.us

MEMBER TOWNS:
Franklin, Medfield,
Medway, Millis, Norfolk,
North Attleboro, Plainville,
Seekonk, Sherborn, Walpole,
Wrentham

AUTHORIZATION FOR ADMINISTRATION OF COVID-19 TEST DURING SCHOOL *For Faculty and Staff*

By completing and signing this form, I confirm that I authorize _____ (designated provider) to perform a COVID-19 test on me during school hours on _____ (date). I understand that such testing is optional. I can refuse to sign this authorization.

NAME: _____ DATE OF BIRTH _____

ADDRESS: _____ TELEPHONE #: _____

Demographic Information:

The Department of Public Health is collecting the demographic information requested below.

What is your race? (Select all that apply):

- American Indian/Alaskan Native
- Asian
- Black/African American
- Native Hawaiian/Pacific Islander
- White
- Other
- Unknown

Are you of Hispanic origin? (Select one):

- Yes
- No
- Unknown

What is your gender? (Select one):

- Male
- Female
- Transgender
- Unknown

Do you have a disability? (Select one):

- Yes
- No

Are you pregnant?

- Yes
- No

What is your primary language? _____

AUTHORIZATION FOR ADMINISTRATION OF COVID-19 TEST DURING SCHOOL
for Faculty and Staff

Emergency Contact:

In case of emergency, please notify:

Name Relationship

Address Telephone number

Test Results (please initial):

_____ I recognize that the designated provider named above will share the test result with me and will report that result to the appropriate public health authority (the Massachusetts Department of Public Health and/or the student's local board of health) as required by state law.

Individuals are encouraged to share the test results with the school department in order to promote public safety.

By signing, I confirm that I am not showing signs of COVID-19 symptoms (such as fever, congestion, or nausea), and I have not been notified I was in close contact with anyone confirmed to be positive with COVID-19.

Signature:

Name (Print)

Signature Date