

**Form and instruction – employee consent to disclose COVID-19 status-v9**

**Instructions for obtaining consent to disclose COVID-19 positive test result**

We ask employees who test positive for COVID-19 for their permission to disclose their name and test result to colleagues. That permission can be given verbally or in writing via email.

When employees give written consent, Team Leaders should confirm the employee’s email contains the information below. They should then forward the email to Graham MacKenzie or their DM Officer.

When verbal consent is given, Team Leaders must capture the data below in a document. They should then email that document to Graham MacKenzie or their DM Officer.

Team Leaders can print the form, fill it in by hand, then scan it and email it; or they can fill in the form from their computer or device and email it as an attachment.

If it’s not possible for Teams Leaders to email the form, they can take a picture of it and email it later when feasible.

To preserve the privacy of our employees, we ask Team Leaders to diligently delete all consent emails from their Outlook accounts, including their Sent Items folders. For forms that may require printing, make sure no copies are left at printers.

Thank you.

**ALL of the following fields must be completed and sent by the employee to record written consent provided by email:**

- Employee name \_\_\_\_\_
- Employee ID \_\_\_\_\_
- Date of COVID-19 diagnosis \_\_\_\_\_
- Check the following boxes to confirm and record the following:
  - The employee agreed to share their name and COVID-19 status [ ]
  - The employee agreed that this information could be shared with the following people/groups: team members [ ] everyone at the facility [ ]  
If other, please list: \_\_\_\_\_  
Any exceptions, please list: \_\_\_\_\_
  - The employee agreed that this information could be shared for the purpose of allowing people to assess risk of exposure to COVID-19 [ ]
- Consent was given on: \_\_\_\_\_, 2020 at \_\_\_\_\_ a.m./p.m.
- Name of Team Leader \_\_\_\_\_

**Form – verbal consent to disclose a COVID-19 positive test result**

When employees report testing positive for COVID-19, we request their consent to disclose their name and test results to colleagues.

Team Leaders can use this form to record an employee’s verbal consent.

When complete, email this form to Graham MacKenzie or your DM Officer.

**ALL of the following fields must be completed by the TL to record verbal consent given by the Employee by phone:**

- Employee name \_\_\_\_\_
- Employee ID \_\_\_\_\_
- Date of COVID-19 diagnosis \_\_\_\_\_
- Check the following boxes to confirm and record the following:
  - The employee agreed to share their name and COVID-19 status [  ]
  - The employee agreed that this information could be shared with the following people/groups: team members [  ] everyone at the facility [  ]  
If other, please list: \_\_\_\_\_  
Any exceptions, please list: \_\_\_\_\_
  - The employee agreed that this information could be shared for the purpose of allowing people to assess risk of exposure to COVID-19 [  ]
- Consent was given on: \_\_\_\_\_, 2020 at \_\_\_\_\_ a.m./p.m.
- Name of Team Leader \_\_\_\_\_