Covid-19 Screening Program

CONSENT AND AUTHORIZATION

My Care Medical is a sample collection centre that performs COVID-19 screening and sampling. Collected samples will then be sent out to testing facilities on behalf of the individual.

While significant efforts have been made to deliver your test results back as fast as possible, My Care Medical cannot guarantee that your results will be delivered within a specific timeline.

I hereby acknowledge that:

- As with all screening, COVID-19 tests have inherent limitations, such as a risk of false positives and/or false negatives.
- My Care Medical makes no representation or warranty of any kind related to the applicability of any COVID-19 tests for a particular purpose and/or delivering results within a specific timeline.
- My Care Medical shall, under no circumstances, be liable for any damages I may incur (including, but not limited to, any damages related to missed flights or other travel related costs, or any indirect, incidental, consequential, punitive, special or exemplary damages) arising from COVID-19 test results that My Care Medical performs and/or fails to perform for any reasons.
- In the event that I test positive or indeterminate, I authorize My Care Medical to report my result to the appropriate public health unit. I have been made aware that I may be contacted by my local public health unit in such situations.
- As My Care Medical is a sample collection centre, I am aware that it is my responsibility to verify my information at time of sampling and that my chosen tests and test dates are correct. I waive and release My Care Medical from any liability whatsoever in connection with COVID-19 testing.

By signing below, I acknowledge and understand these risks and voluntarily consent for My Care Medical to proceed with such COVID-19 testing.

Signature:	
Customer Name:	Date: