

Covid-19 Screening Program

CONSENT AND AUTHORIZATION

My Care Medical will collect a sample of your blood. The sample will be sent to a laboratory for testing. Collected samples will then be sent out to testing facilities on behalf of the individual.

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- 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: