FOMU YA MFUMO WA UMMA



**Fomu ya Idhini ya Mpango wa Upimaji COVID19 ya SY22**

1. **Utangulizi**
2. **Makubaliano ya Idhini**
3. **Maelezo Binafsi**
4. **Uteuzi wa Shule**

Lengo letu la upimaji wa COVID-19 ni kuhakikisha kuwa wanafunzi na wafanyakazi wanaweza kushiriki salama katika masomo ya ana kwa ana huku wakipunguza athari za karantini iliyoenea sana kwa wanafunzi, familia na shule zao.

Fomu hii inajumuisha ombi la kutoa idhini ya kumpima mwanafunzi wako, maelezo kuhusu jinsi taarifa za kipimo zinaweza kutolewa, na maelezo ya aina za vipimo ambavyo shule yetu inatoa. Huenda tukatumia zaidi ya aina moja ya kipimo wakati wowote kwa sababu kila kimoja kina kusudi tofauti.   Kwa maelezo zaidi, tafadhali pitia  [mwongozo huu muhimu kuhusu nyenzo zinazowezekana za vipimo](https://education.vermont.gov/documents/COVID-19-response-testing-at-a-glance-flowchart) (kiungo kwa Kiingereza) ambazo shule yetu inaweza kutoa.

**Upimaji wote ni wa hiari na utahitaji idhini.**

**Fomu hii ya idhini ni ya upimaji PEKEE kutokana na kuwepo kwa kisa cha maambukizi shuleni, hasa kwa kutumia vipimo vya PCR, LAMP au antijeni. Wafanyakazi au familia zilizo na wanafunzi ambao wangependa kushiriki katika upimaji wa ufuatiliaji wa kila wiki watahitaji kujaza fomu tofauti ya idhini (kiungo kwa Kiingereza).**

Ifuatayo



## Fomu ya Idhini ya Mpango wa Upimaji COVID19 ya SY22

1. **Utangulizi**
2. **Makubaliano ya Idhini**
3. **Maelezo Binafsi**
4. **Uteuzi wa Shule**

**Ninajaza fomu hii kwa niaba ya/kama: inahitajika**



### Makubaliano ya Idhini

#### ARIFA KUHUSU KUSHIRIKI MAELEZO

Maelezo kuhusu mtoto wako na matokeo ya kipimo chake yatashirikiwa kati na miongoni mwa mashirika, wakandarasi, watoa huduma fulani wa Vermont ili kusaidia mpango wa upimaji. Maelezo haya yatashirikiwa tu kwa madhumuni ya afya ya umma, ambayo yanaweza kujumuisha kuwaarifu watu waliotangamana kwa karibu na mtoto wako ikiwa walikuwa katika hatari ya kuambukizwa COVID-19, na ili kuchukua hatua zingine kuzuia ueneaji zaidi wa COVID-19 katika jamii yako.

Maelezo kuhusu mtoto wako yanaweza kushirikiwa na mashirika, wakandarasi na watoa huduma wa Vermont, wanaofanya Upimaji wa COVID-19, na yanajumuisha jina la mtoto wako na matokeo ya kipimo cha COVID-19, tarehe ya kuzaliwa/umri, jinsia, mbari/kabila, majina ya shule/kambi, mwalimu(walimu) na washauri, historia ya uandikishaji na mahudhurio kwenye darasa/kikundi/kikundi kidogo, na ushiriki katika mpango wa baada ya shule au mpango mwingine, majina ya wanafamilia au walezi wengine, anwani, nambari ya simu, na anwani ya barua pepe.

Idara ya Afya ya Vermont itaripoti kwa uwazi data inayopokea kuhusu visa vya maambukizi ya COVID-19 shuleni. Maelezo ya mtoto wako yatashirikiwa tu kulingana na sheria husika na sera za shirika letu zinazolinda usiri wa mwanafunzi na mpiga kambi na usalama wa data ya mtoto wako.

* Kwa kutia saini hapo chini, ninakubali [kwa niaba ya mtoto / mimi mwenyewe] kushiriki katika [Aina zifuatazo za Vipimo vya COVID-19](https://education.vermont.gov/documents/covid-19-testing-types-flowchart) (kiungo kwa Kiingereza):

        o   Kipimo cha PCR shuleni

        o   Kipimo cha PCR cha kufanyia nyumbani

        o   Kipimo cha antijeni cha Pimwa ili Ubaki

* Ninaelewa kuwa ikiwa mtoto wangu ametangamana kwa karibu na aliyeambukizwa au ana dalili, ataombwa ashiriki katika kipimo cha kukabiliana na COVID-19
* Ninaelewa kuwa aina za vipimo (chaguo zilizo hapo juu) zinaweza kutofautiana na zinategemea hali ([Upimaji wa COVID-19 kwa Muhtasari](https://education.vermont.gov/documents/covid-19-testing-at-a-glance-flowchart) – kiungo kwa Kiingereza).
* Ninathibitisha kuwa mimi ni mzazi au mlezi halali wa mgonjwa, au mimi ndiye mgonjwa na nina angalau umri wa miaka 18.
* Nimepewa fursa ya kuuliza maswali kuhusu aina za vipimo zilizoainishwa hapo juu.
* Ninaelewa kuwa upimaji wa kukabiliana na COVID-19 shuleni ni wa hiari, na kwamba ninaweza kukataa (kukataa kwa niaba ya mtoto wangu) kushiriki wakati wowote.
* Ninaelewa kuwa nikikataa (nikikataa kwa niaba ya mtoto wangu) kushiriki katika upimaji wa kukabiliana na COVID-19, mtoto wangu/ninaweza kuombwa kukaa katika karantini.

Nimesoma, nimekubali na ninaidhinisha taarifa zilizo hapo juu. inahitajika,

Ndiyo

Nimesoma, nimekubali na ninaidhinisha taarifa zilizo hapo juu, inahitajika.

Tafadhali usiendelee kujaza fomu hii ikiwa hukubaliani.

NyumaIfuatayo

2 / 4



## Fomu ya Idhini ya Mpango wa Upimaji COVID19 ya SY22

1. **Utangulizi**
2. **Makubaliano ya Idhini**
3. **Maelezo Binafsi**
4. **Uteuzi wa Shule**

Maelezo Binafsi na DemografiaMzazi au Mlezi anahitajika





Jina la Mshiriki wa Upimaji linahitajika





Anwani inahitajika











**Simu inahitajika**



**Barua pepe**



Jinsia ya Kibaiolojia ya Mshiriki wa Upimaji inahitajika

Mwanamke

Mwanaume

Nyingineyo

Mbari/Demografia za Mshiriki wa Upimaji

Mhindi Mmarekani au Asili ya Alaska

Muasia

Mweusi au Mmarekani Mwafrika

Asili ya Hawaii au Kisiwa kingine cha Pasifiki

Mzungu

Haijulikani

Alikataa kujibu

Tafadhali chagua mbari/demografia inayokutambulisha.

Je, mshiriki wa upimaji ameajiriwa katika sekta ya huduma ya afya? inahitajika

Ndiyo

Hapana

Je, mshiriki wa upimaji anaishi katika makazi ya kikundi (k.m. kituo cha utunzaji wa muda mrefu, kituo cha marekebisho au kimbilio)? Inahitajika - jibu chaguomsingi limewekwa kuwa “Hapana”

Ndiyo

Hapana

NyumaIfuatayo

3 / 4



## Fomu ya Idhini ya Mpango wa Upimaji COVID19 ya SY22

1. **Utangulizi**
2. **Makubaliano ya Idhini**
3. **Maelezo ya Binafsi**
4. **Uteuzi wa Shule**

### Maelezo ya Shule

**Umoja Unaosimamia inahitajika**



**Shule inahitajika**



NyumaWasilisha

4 / 4

PUBLIC SYSTEM FORM



**SY22 COVID19 Testing Program Consent Form**

1. **Introduction**
2. **Consent Agreement**
3. **Personal Information**
4. **School Selection**

Our goal for COVID-19 testing is to ensure that students and staff can safely participate in in-person learning while reducing the impacts of widespread quarantine on students, their families and schools.

This form includes a request for consent to have your student tested, details about how test information may be shared, and a description of the testing types that our school is offering. We may be using more than one testing type at any given time because each has a different purpose.   For more information, please review this [helpful guide on the potential testing tools](https://education.vermont.gov/documents/COVID-19-response-testing-at-a-glance-flowchart) (link in English) that our school may offer.

**All testing is voluntary and will require consent.**

**This consent form is ONLY for testing in response to a positive case at school, specifically using PCR, LAMP or antigen tests. Staff or families with students interested in participating in weekly surveillance testing will need to complete a**[**separate consent form**](https://www.cic-health.com/consent/vt) **(link in English).**

Next



## SY22 COVID19 Testing Program Consent Form

1. **Introduction**
2. **Consent Agreement**
3. **Personal Information**
4. **School Selection**

**I am completing this form for/as a: required**



### Consent Agreement

#### NOTIFICATION OF INFORMATION SHARING

The information about your minor and his or her test results will be shared with and among certain Vermont agencies, contractors and providers to support the testing program. This information will be shared only for public health purposes, which may include notifying close contacts of your minor if they have been exposed to COVID-19, and taking other steps to prevent the further spread of COVID-19 in your community.

Information about your minor may be shared with the Vermont agencies, contractors and service providers conducting COVID-19 Testing, and includes your minor's name and COVID-19 test results, date of birth/age, sex, race/ethnicity, school/camp names, teacher(s) and counselors, classroom/cohort/pod enrollment and attendance history, and after school or other program participation, names of other family members or guardians, address, telephone number, and email address.

The Vermont Department of Health will report publicly data they receive about COVID-19 cases in schools. Your minor’s information will only be shared in accordance with applicable law and our organization's policies protecting student and camper privacy and the security of your minor's data.

* By signing below, I am consenting [for my child / myself] to participate in the following [COVID-19 Testing Types](https://education.vermont.gov/documents/covid-19-testing-types-flowchart) (link is in English):

        o   In school PCR testing

        o   Take home PCR testing

        o   Test to Stay Antigen testing

* I understand that if my child is a close contact or symptomatic, they will be asked to participate in COVID-19 response testing
* I understand that the type of testing (the options above) may vary and is dependent on the situation ([COVID-19 Testing At A Glance](https://education.vermont.gov/documents/covid-19-testing-at-a-glance-flowchart) – link is in English).
* I certify that I am the parent or legal guardian of the patient, or I am patient and at least 18 years of age.
* I have been given the opportunity to ask questions about the test types outlined above.
* I understand that school COVID-19 response testing is voluntary, and that I may decline to (have my child) participate at any time.
* I understand that if I decline to (have my child) participate in COVID-19 response testing, my child / I may be asked quarantine.

I have read, agree and consent to the above statements. required,

Yes

I have read, agree and consent to the above statments. is required.

Please do not continue filling out this form if you do not agree.

BackNext

2 / 4



## SY22 COVID19 Testing Program Consent Form

1. **Introduction**
2. **Consent Agreement**
3. **Personal Information**
4. **School Selection**

Personal and Demographic InformationParent or Guardian required





Testing Participant Name required





Address required











**Phone required**



**Email**



Testing Participant Biological Sex required

Female

Male

Other

Testing Participant Race/Demographics

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian or other Pacific Islander

White

Unknown

Refused to answer

Please select the race/demographic that you identify with.

Is the testing participant employed in the healthcare industry? required

Yes

No

Does the testing participant live in congregate housing (e.g. long-term care facility, correctional facility or shelter)? Required – default response set to “No”

Yes

No

BackNext

3 / 4



## SY22 COVID19 Testing Program Consent Form

1. **Introduction**
2. **Consent Agreement**
3. **Personal Information**
4. **School Selection**

### School Information

**Supervisory Union required**



**School required**



BackSubmit

4 / 4