



NEW HAVEN
ASSISTED LIVING & MEMORY CARE
Serving TX Since 2013

RESIDENT CONSENT FOR TESTING OF COVID-19

I have had an opportunity to ask questions regarding COVID-19 testing which were answered to my satisfaction. I understand that I am giving consent for COVID-19 testing.

If testing is refused, I understand that I must be in quarantine for 14 days as of the date of testing.

Print name of Resident

I consent to COVID-19 testing

Date_____

Signature of Resident/ Legal Guardian

I refuse COVID-19 testing

Date_____

Signature of Resident/ Legal Guardian