



International Organization for Migration (IOM)
The UN Migration Agency

COVID-19 TEST INFORMED CONSENT FORM

To be read and signed by all applicants undergoing COVID 19 testing by the International Organization for Migration

1. I understand that COVID-19 testing is a requirement for international travel and migration.
2. I understand that the specimen collection will entail taking nasal, throat and/or pharyngeal swabs which may be uncomfortable but not traumatic. These samples will be taken for PCR, or antigen testing for SARS-CoV-2 virus, this being the virus that causes COVID-19 infection.
3. I understand that the test for SARS-CoV-2, commonly referred to as Coronavirus, tells whether my body contains RNA, or other particles of Coronavirus, which means that I am infected with Coronavirus.
4. I understand that if my test reveals that I am negative for Coronavirus and that I have encountered an infected person/possible exposure or exhibiting mild symptoms of Coronavirus infection, or I am asymptomatic, then I will follow the Ministry of Health guideline of self-isolation or quarantine; whichever will be applicable.
5. I understand that a negative test does not mean I do not have Coronavirus, therefore a re-test is recommended if I develop symptoms, or after 4-7 days if I do not develop symptoms but was a contact of a Covid-19 confirmed case.
6. I accept that this test will be carried out.
7. I accept that the results of my test will be communicated to Ministry of Health, admitting hospital, or quarantine institution in accordance to public health requirements and for the purpose of health care.
8. I understand that my personal data (including health data) will be processed in accordance with IOM's Data Protection Principles, and I consent to:
 - My personal data (including health data) being collected and stored in the IOM's database for the purposes of facilitating arrangements for the testing process, travel and/or health care services (the Purpose);
 - These data being disclosed to third parties, if required and for the Purpose described above. These parties may be:
 - Kenyan immigration authorities involved in decisions on my travel, if required;
 - Kenyan health agencies, their contracted settlement service providers and examining doctor(s) or staff at their clinics, health service providers for the purposes of administering and delivering health services and providing continuing care of my medical condition/s;
 - Kenyan public health agencies;
 - Designated Focal Point of requesting Organization for the purpose of facilitating arrangements for the testing process, travel and/or health care services;

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- My de-identified and aggregated data (including health data) may be used for research for the purposes of analysis of migration health issues to inform policy and/or for the programme evaluation.
9. I understand that I have the right to refuse to have this test, but accept that such a refusal may have a negative impact on my health, travel/migration prospects or I may have to be quarantined for two weeks.
 10. I hereby release IOM, its employees, medical personnel or its representative(s) conducting the examination from any liabilities, claims, and damages that may be caused by my testing, except where such damage, claim and liability are caused directly by gross negligence or misconduct of IOM, its employees, medical personnel or its representative(s).
 11. I understand that I have the right to request clarifications and additional information from IOM staff if any of the above is unclear.
 12. On behalf of all my dependents and myself, I herein do consent to be tested for COVID-19. I understand that this is a necessary precautionary medical measure and I do accept.
 13. I understand and accept the above conditions.

Applicant's name: _____ Signature _____

Guardian Name (if applicable): _____ Signature _____

Counsellor's name: _____ Signature _____

Date: _____