



I, _____, would like to consent to get tested for COVID-19, as suggested by Governor Cuomo's directive dated 7.10.2020 to all assisted living residents.

The Regency will make arrangements for me to get tested by North Shore Medical Center and share my results with my physician. I do have the option to get tested by my physician as well.

If you decide to get tested by your own physician, please inform us that you have been tested and provide us a copy of your results.

Thank you.

Resident/Family Signature

Date

_____ Declined COVID- 19 test

Resident/Family Signature

Date

Please email consent forms to sylvie@regencyglencove.com
or drop off at The Regency