ICETE CO MU MASHURE YA LETA



Icete c’uruhusha rw’integuroSY22 yo gupima COVID19

1. **Intangamarara**
2. **Uruhusha nyezina**
3. **Umwidondoro**
4. **Urutonde rw’ishure**

Intumbero yacu ku gupima COVID-19 ni ukugira ngo tumenye neza ko abanyeshure n’abakozi bashobora guterera mu nyigisho mu gihe hari igabanuka ry’intambamyi z’ikwiragira ry’umwiherero ku banyeshure, imiryango yabo n’amashure.

Iki cete kirimwo gusabira uruhusha umunyeshure wawe kugira apimwe ku bushake, ido n’ido kubijanye n’ingene inkuru yo gupimwa ihanahanwa, hamwe n’ibipimo bitandukanye amashure yacu ariko aratanga. Dushobora kuba turiko dukoresha ubwoko bw’igipimo kirenze kimwe mu kiringo gitegekanijwe ico arico cose kuko buri kimwe gifise intumbero yaco.   Kuronka amakuru menshi, usabwe gusubira kuraba iri [bwirizwa rifasha cane kubijanye n’ubukomezi bw’ibikoresho vyo gupima](https://education.vermont.gov/documents/COVID-19-response-testing-at-a-glance-flowchart) (umuhora uri mu Congereza) ishure ryacu rishobora gutanga.

**Ibipimo vyose ni ugushaka kandi bizotangwa hisunzwe uruhusha.**

**Iki cete c’uruhusha ni ico gupima GUSA mu gihe basanze umuntu arwaye ari kw’ishure, cane cane akoresha PCR, LAMP canke ibipimo antigen. Abakozi canke imiryango ifise abanyeshure bipfuza kuja mu ndwi y’igenzura ryo kwipimisha, bazosabwa kwuzuza**  [**icete gitandukanye c’uruhusha**](https://www.cic-health.com/consent/vt)**(umuhora uri mu Congereza).**

Kuja imbere



## Icete c’uruhusha rwa porogarama SY22 yo gupima COVID19 mu mashure yigenga

1. **Intangamarara**
2. **Uruhusha nyezina**
3. **Umwidondoro**
4. **Urutonde rw’ishure**

**Nujuje iki cete kugira/nk’uwu: Harakenewe**



### Uruhusha nyezina

#### INKURU ZAHANAHANYWE

Inkuru yerekeye umwana wawe hamwe n’inyishu z’igipimo ciwe bizohanahanwa hagati y’abaserukira Vermont, hamwe n’abakorana n’abatangabufasha mu gufasha integuro yo gupima. Iyi nkuru izoja ahabona mu gihe bizoba bisabwe n’igisata c’amagara y’abantu gusa, harimwo kumenyesha abantu begeranye n’umwana wawe nimba baranduye COVID-19, kugira bafate izindi ngingo zo gukinga irindi kwiragira ry’umugera mu kibano cawe.

Inkuru ijanye n’umwana wawe izohanwanwa n’ibisata vya Vermont, abakorana n’abo muri serivisi y’abatangabufasha bahagarariye ipimwa rya COVID-19, kandi harimwo n’izina ry’umuyabaga wawe hamwe n’inyishu z’ibipimo vya COVID-19, itariki y’amavuko/umwaka ,igitsina, ubwoko/ikigo c’ishure/amazina y’ikambi, (aba)umwarimu, hamwe n’abahanuzi, ikirasi/abanyeshure/abanyeshure muri kumwe hamwe n’urutonde rw’uko abanyeshure batonze,hama inyuma y’ivyigwa canke izindi gahunda yagiyemwo, amazina y’abandi bantu bo mu muryango canke abarezi, aho uba, nimero ya terefone hamwe na email address.

Igisata c’amagara y’abantu c’i Vermont kizontanga raporo y’ibitigiri kironka k’umugaragaro ijanye n’abanduye COVID-19 mu mashure. Inkuru yerekeyeumwana wawe izotangwa hisunzwe amategeko -yisungwa hamwe n’amabwirizwa y’ishirahamwe akingira umunyeshure hamwe n’abari mu makambi yinyegeje n’umutekano w’umuyabaga wawe.

* Gushira umukono kuri bino, nemeye [umwana wanje / ubwanje] kuja mu bikurikira [Ipimwa ritandukanye ryaCOVID-19 Types](https://education.vermont.gov/documents/covid-19-testing-types-flowchart): (umuhora uri mu Congereza):

        o   Igipimo PCR co mw’ishure

              o   Igipimo PCR co muhira

        o   Igipimo kigufasha kuguma ukingiye imigera

* Ndatahura ko nimba umwana wanje yegeranye canke afise ibimenyetso, azosabwa kuja gupimwa COVID-19 ahabwe inyishu z’igipimo.
* Ndatahura ukwo gupimwa (amahitamwo araho hejuru) ashobora guhindagurika kandi akavana n’igihe ( [igipimo ca COVID-19 At A Glance](https://education.vermont.gov/documents/covid-19-testing-at-a-glance-flowchart)). – umuhora uri mu Congereza).
* Ndemeje ko ndi umuvyeyi canke umurezi yemewe w’umurwayi, canke ndi umurwayi kandi mfise imyaka n’imiburiburi 18.
* Narahawe akaryo ko kubaza ibibazo bijanye n’ubwoko bw’ibipimo biri hano hejuru.
* Ndatahura ko gupima COVID-19 kw’ishure biba ku bushake, kandi ko nshobora kwanka( ko umwana wanje) atabijamwo igihe na kimwe.
* Ndatahura ko nimba nanse ko (umwana wanje aja muvyo gupimwa COVID-19, umwana wanje / nshobora gusabwa umwiherero.

Nasomye, nemeye kandi ndemanze ibi bintu biri hano hejuru. harakenewe

Ego

Nasomye, nemeye kandi ntanze uruhusha kuri ibi bintu biri hano hejuru. ni ngombwa

Turakwinginze ntubandanye wuzuza nimba utavyemeye.

Ahakurikira

2 / 4



## Icete c’uruhusha rwa porogarama SY22 yo gupima COVID19 mu mashure yigenga

1. **Intangamarara**
2. **Uruhusha nyezina**
3. **Umwidondoro**
4. **Urutonde rw’ishure**

Umwidondoro n’amakuru y’aho aba Umuvyeyi canke Umurezi harakenwe





Amazina y’uwupimwe harakenewe





Aho babangombwa











**Iterefone ni ngombwa**



**Email**



Igitsina c’abapimwe harakenewe

Umugore

Umugabo

Ikindi

Ubwoko bw’uwitabira igipimo / aho aba

 Umuhindi w’umunyamerika canke w’imvukira yo muri Alaska

Umunye Aziya

Umwirabure canke Umunyamerika w’umwirabure

Imvukira yo muri Hawaii canke ahandi muri mw’izinga rya Pacific

Umuzungu

Uwutazwi

 Yanse kwishura

Usabwe gutora ubusumbane/ibintu vyose wabonye aho aba.

Abaje gupimwa boba ari abakozi b’igisata c’amagara y’abantu?harakenewe

Ego

Oya

Abimipishije boba baba munzu imwe (ak: umwanya munini baba hamwe, ibohero, canke inzu)? ngombwa – inyishu idashemeye yatanzwe kuri “No”

Ego

Oya

Ahakurikira

3 / 4



## Icete c’uruhusha rw’integuro SY22 yo gupima COVID19

1. **Intangamarara**
2. **Uruhusha nyezina**
3. **Umwidondoro**
4. **Urutonde rw’ishure**

### Amakuru y’ishure

**Ishirahamwe rigenzura ni ngombwa**



**Ishure harakenewe**



Impapuro

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