



Designated and deputy visitors Lateral Flow Device (LFD) consent form

Are you a designated visitor or a deputy visitor? Please circle relevant option

Name:

Address:

Postcode:

Contact Number:

Email:

I hereby give my permission to have routine Covid-19 lateral flow tests as part of the care home visiting requirements.

Yes / No Please circle your answer

I understand that if I test positive, I will need to immediately isolate pending the results of the subsequent PCR test

Yes / No Please circle your answer

Signed..... **Date:**.....

Please bring this consent form with you at your first visit to the home and give to the LFD tester or email it to the care home.

All personal data will be held securely in line with Hafod's Data Protection and will not be shared with any third parties.