
Test Location

Test Date



Patient Name

Personnel Number

COVID-19 Screening Consent Form and Waiver

This consent provides NextEra Energy, Inc. and its subsidiaries (“NextEra”) with your permission to perform a COVID-19 screening procedure based on NextEra’s need to maintain a safe environment for employees, contractors, vendors, and other essential persons with whom you may come into contact. By signing below, you are indicating that you voluntarily consent to this procedure for the detection of COVID-19.

The test being administered involves a finger-prick to obtain a small blood sample which will then be tested within thirty minutes or less for the presence of antibodies that may indicate the presence of COVID-19. You will be required to stay in a designated area pending results of the test, and based on the results, you may not be allowed to enter the NextEra facility. If you decline the test, you may not be allowed to enter the NextEra facility at this time.

This test has been allowed for use by the Food and Drug Administration (“FDA”) but has not been approved by the FDA. This test alone may not be sufficient to detect or rule out the possibility that you have been exposed to or are infected with COVID-19. You should carefully monitor your own symptoms and, notwithstanding the results of any testing, you must stay home and consult with your physician if you experience symptoms of COVID-19.

You have the right to discuss the proposed testing with your physician, to learn about the purpose, potential risks and benefits of any testing. Based upon your test results, if you are denied entry to the NextEra facility, you should contact a physician or other medical professional for advice. Because of the ongoing public-health crisis, it may be necessary for NextEra to share the results of your test with public health authorities. By signing below, you consent to the disclosure of such information as requested, recommended or required by federal, state, and local public health authorities.

By signing below, you agree to release and waive any claim arising from your selection to receive this voluntary screening, that may arise against NextEra and its designated medical providers and staff members. In addition, by signing below, you acknowledge that any testing that may be performed for COVID-19 has not been approved by the Food and Drug Administration (FDA). Accordingly, you agree to release and waive any claim that might arise against NextEra and its designated medical providers and staff members for any risks, side effects, or complications resulting from the testing.

Name Printed

Name of Employer

Signature

Date