



# PRAIRIE VIEW A&M UNIVERSITY

A Member of the Texas A&M University System

## MEMORANDUM

**To:** PVAMU Students

**From:** Tondra L. Moore, PhD, JD, MPH   
Executive Director, Health Services

**Date:** August 14, 2020

**Re:** FREE COVID-19 Testing Events

In an effort to provide the students of Prairie View A&M University access to COVID-19 testing, the University has adopted a Campus-Wide Testing Strategy to give students multiple opportunities to receive FREE testing. For our first testing events, we are excited to announce a partnership with Houston Methodist Wellness Services to offer twenty (20) testing events at the different campus locations. Please see the table below for the dates and campus locations. **See the attached flyer for information regarding registration.**

This is only one strategy of several the University is using to offer students access to COVID-19 testing. Additional testing events and event details will be emailed throughout the semester. **Students should continue to monitor their PVAMU student email for timely COVID-19 testing information.**

### FREE COVID-19 Testing Dates

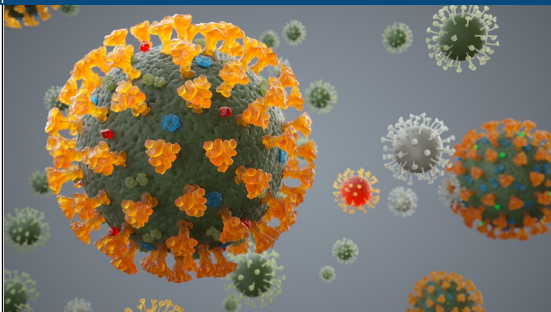
Day	Date	Eligible for Testing	Location
1	8/17/2020	Student	Main
2	8/18/2020	Student	Main
3	8/19/2020	Student	Main
4	8/20/2020	Student	Main
5	8/21/2020	Student	Main
6	8/24/2020	Student	Main
7	8/25/2020	Student	Nursing
8	8/26/2020	Student	Main
9	8/27/2020	Student	Northwest
10	8/28/2020	Student	Main
11	8/31/2020	Student	Main
12	9/1/2020	Student	Main
13	9/3/2020	Student	Main
14	9/8/2020	Student	Main
15	9/10/2020	Student	Main
16	9/11/2020	Student	Main
17	9/14/2020	Student	Northwest
18	9/15/2020	Student	Nursing
19	9/17/2020	Student	Main
20	9/18/2020	Student	Main

## TEST RESULTS

Results will be available approximately **two (2) days after testing** in the Methodist secure medical record. Any student who receives a positive test result is required to report their test results to the University. **Students are REQUIRED to report POSITIVE test results using the COVID-19 Hotline at (936) 261-9000.** Students who are required to self-isolate or self-quarantine MUST receive clearance from Health Services to resume normal campus activities.

For more information, please contact the COVID-19 Hotline at (936) 261-9000. For a COVID-19 Clearance Appointment, contact Health Services at (936) 261-1410. Lastly, for special assistance with accessibility, please contact the Office of Disability Services at (936) 261-3585.





# COVID-19 Testing

## Prairie View A&M University

Get the polymerase chain reaction (PCR) diagnostic test with the convenience and quality offered through a Houston Methodist onsite testing clinic. Results are available within two days.

**Date:** AUGUST 17— SEPTEMBER 18

**Time:** 9:30AM — 4:00PM

**Address:** William Nicks Gymnasium  
(Baby Dome)  
100 University Dr.  
Prairie View, TX 77446

**Click Here to  
Register**

***\*\*Please bring driver's license  
or government issued ID***

\*Please note face coverings or masks are required. Please plan accordingly.

\*If you are experiencing symptoms associated with COVID-19, please notify staff upon arrival.

## Houston Methodist MyChart

**Safely access your testing records anytime,  
anywhere.**

Whether you're at home, at work, or on the go, Houston Methodist MyChart provides a convenient, online way to manage you and your family's health care, schedule your next appointment, access important test results, or communicate with your doctor's office anytime, day or night.

[houstonmethodist.org/mychart](https://houstonmethodist.org/mychart)

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## CONSENT FOR MEDICAL TREATMENT/ADMISSION TO HOSPITAL OR OUTPATIENT AREAS

Patient: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m. \_\_\_\_ p.m. \_\_\_\_

### Consent to Medical Care

I, \_\_\_\_\_, voluntarily consent to routine hospital and/or outpatient care including nursing care, diagnostic procedures, and medical treatment by The Methodist Hospital and its subsidiaries. I understand that my employer is providing me with an opportunity to participate in a Wellness Program sponsored by my employer. The Wellness services are being provided by The Methodist Hospital. As such, I hereby agree to participate in the program and for The Methodist Hospital to provide health care screening and prevention tests and advice, in accordance with the Wellness Program.

### Consent to Treatment by Trainees

I understand that The Methodist Hospital is an educational institution. I realize that among those who attend patients at The Methodist Hospital are medical, nursing, and other health care personnel in training, ranging from first year students to medical residents and fellows. These trainees may be present during my care and may help provide that care under appropriate supervision, unless ordered otherwise by the responsible physician. Trainees also may discuss patient cases in educational teaching conferences. Trainees are required to comply with The Methodist Hospital's policy protecting patient confidentiality.

\*Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*If the patient is not competent to consent to medical treatment, thus precluding signing, please indicate reason below:

\_\_\_\_\_ Minor (under 18, not pregnant or married)

\_\_\_\_\_ Mentally incompetent

\_\_\_\_\_ Unconscious

\_\_\_\_\_ Other Physical Condition

\_\_\_\_\_ Patient unable to sign

Alternatively, if the patient has expressed consent for medical treatment but is physically incapable of signing, please check below.

Qualified Personal Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Authority to Act on Behalf of the Patient: \_\_\_\_\_

QPR Authentication Method: \_\_\_\_\_

Authenticated by (Name/Dept Name – print) \_\_\_\_\_

