

RDT Antigen and COVID-19 PCR Tests

Make sure your details are correct

Welcome to Jackson's International Airport.

International SOS is responsible for conducting nasopharyngeal swabbing for both a COVID-19 Rapid Diagnostic Test (RDT) for all flights arriving from Australia and a COVID-19 PCR test for all departure flights.

You should bring the required documentation for ISOS screening services.

- Your passport
- Your vaccination certificate
- A completed consent form
- A face mask

About COVID-19 RDT Antigen Test

The COVID-19 RDT antigen test is free. To get the RDT antigen test, you will be required to undergo a nasopharyngeal swab. This is a common procedure, with minimal side effects.

The RDT used at this site is the Abbott Panbio RDT Antigen test, as approved by the PNG Controller. Results will be available 15 to 20 minutes after the nasopharyngeal swab.

You can tell your healthcare provider if you have any concerns, like chronic epistaxis (blood nose).

Even with a negative test result, you must still follow public health precautions to stop the spread of COVID-19.

About the COVID-19 PCR Test

The COVID-19 PCR test is free. The PCR test is conducted for all departing passengers and for any arrival passengers will require a PCR confirmatory test with a positive RDT result.

To get the PCR test, you will be required to undergo a nasopharyngeal swab. This is a common procedure, with minimal side effects. There are different brands of PCR tests. The one used at this site is the GeneXpert PCR machine using SARS-CoV-2, as approved by the PNG Controller. Results will be available 45 to 60 minutes after the nasopharyngeal swab.

Interpretation of Results

Negative:

If your RDT or PCR returns a negative result, you will be issued an Clearance Certificate and be authorised to proceed.

Positive (Non-negative):

If your RDT returns a positive result, you will require a confirmatory PCR test. Another swab will be required for this test. If the PCR returns Negative Result you will be issued a Clearance certificate.

If the PCR result is positive, you will be required to adhere to PNG SOE measures and regulations which requires going into an approved isolation facility for the required period. ISOS is not responsible for organising this.

Personal Information:

1. As part of the PCR and RDT Antigen test, ISOS need to collect personal information and sensitive information about you.

Personal information: means information about you that can be used to identify you (such as your name). It includes **sensitive information**, such as information about your health and your test results.
2. This information may be collected by talking to you or from other information you give through your dealings with ISOS. ISOS may provide personal and sensitive information they collect to relevant parties.
3. Your personal information is collected for the purpose of giving you a COVID-19 PCR and RDT Antigen test, and related purposes (the “**Purpose**”), including:
 - a. Administration, like keeping records of the PCR and RDT Antigen test and reporting.
 - b. Contacting you about your PCR and RDT Antigen test and any services that may be offered to you after you get the test.
 - c. The Australian Government’s relations with other countries and enabling the Australian Government to assist Australian citizens in other countries.
4. You do not have to give us your personal information. But if you do not, you may not be able to get a PCR or RDT test at this time.
5. ISOS may also provide your personal information to others as required to fulfil the **Purpose** above, including to:
 - a. the Government of Papua New Guinea.
 - b. other agencies of the Australian Government.
 - c. ISOS’s other contractors and affiliates; and
6. Normally, under Australian privacy law, when personal information is likely to be provided to someone who is not in Australia or an external Territory of Australia (**overseas recipient**), reasonable steps are required to make sure the overseas recipient does not breach Australian Privacy Principles. By signing below, you agree that ISOS will not be required to take these steps. This means that if the overseas recipient handles your personal information in a way that breaches the Australian Privacy Principles, ISOS will not be responsible for that breach under Australian privacy law.
7. ISOS’s Privacy Policy has more information about how it handles personal and sensitive information: <https://www.internationalsos.com/privacy>. This policy also has information on how you can contact ISOS about your personal information held by ISOS or make a complaint, and how such a complaint will be handled by ISOS.

Patient information

Name:	
Date of birth:	
Address in PNG:	
PNG National ID Number (if applicable):	
Passport Number:	
Phone contact number:	
e-mail:	
Sex:	

Next of kin (in case of emergency):	
Name:	
Phone contact number:	

1. Have you received a COVID 19 Vaccination?	YES
	NO
2. If YES to 1: Name of Vaccine:	
Date of Vaccination:	

Temperature (°C):

Nurse name (please print)	
Nurse Signature:	Date:

Consent to conduct RDT Antigen and or PCR

By signing this form, I understand and agree that:

1. I have read and fully understood the above terms and conditions
2. ISOS may collect, process, use, disclose (make known) and store my personal information (including sensitive information about my health and whether I have had a previous COVID-19 test, RDT or PCR) for the purposes of providing a COVID-19 PCR and RDT Antigen test. I further agree to hold harmless ISOS and their related companies and affiliates from any liability arising or in connection with the Purpose.
3. ISOS can disclose my personal and sensitive information to overseas recipients.
4. ISOS will rely upon the accuracy and completeness of all statements made by me relating to my medical and personal data.
5. I confirm I have received and understood information provided to me on COVID-19 PCR and RDT Antigen test.
6. I agree to receive a nasopharyngeal swab and a COVID-19 PCR and RDT Antigen test

Name:

Signature:

Date:

OR

- I am the patient's guardian or substitute decision-maker, and agree to the Consent for the Patient named above**

Guardian/substitute decision-maker's name:	
Guardian/substitute decision maker's signature:	
Date:	

Date and Time		
RDT Antigen Result (Circle result)	Positive	Negative
COVID-19 PCR Test Result if required (Circle result)	Positive	Negative
Healthcare Professional Name and Signature		