

COVID-19 Testing Consent Form

Notice regarding Guest COVID-19 Testing

Worldwide Care Solutions, Inc. (the "Company") is coordinating COVID-19 testing for guests, of Carnival Corporation & PLC ("Carnival") as part of its commitment to a safe travel environment. In light of the current COVID-19 pandemic, COVID-19 testing is acknowledged to be safety-related and consistent with health necessity. As part of the testing process, guests will review and sign the Consent Authorization and Release of Liability.

Results of the COVID-19 test will be reported by the testing entity, to the guest and the Company and/or Carnival. A guest who tests positive is responsible for following all federal, state, and local guidance and orders, including self-quarantining, and shall immediately seek medical advice from their personal healthcare provider.

Consent Authorization and Release of Liability

I AUTHORIZE American Health Associates, Inc. the testing entity designated by the Company and/or Carnival to collect a nasopharyngeal swab(s) (or other appropriate test samples) from me and to conduct a COVID-19 test(s).

I AUTHORIZE American Health Associates to release the results of my COVID-19 test(s) to the Company and/or Carnival Corporation & PLC and to communicate with the Company and/or Carnival Corporation & PLC as necessary related to the results of the test(s) for travel-related purposes in accordance with HIPAA. I AGREE to sign any forms required by American Health Associates to release my test results to the Company and/or Carnival Corporation & PLC and authorize American Health Associates to communicate with the Company and/or Carnival Corporation & PLC and, if required, with state or local public health agencies, about my test results.

I UNDERSTAND that the Company and Carnival Corporation & PLC and American Health Associates will maintain the test results in a confidential manner as required by applicable law. I AGREE that I may receive test results by any form of electronic messaging including but not limited to email, text message, iMessage or WhatsApp. I UNDERSTAND that my test results may be subject to redisclosure by Company and Carnival Corporation & PLC for purposes of contact tracing to others and may no longer be considered protected information. The other parties may not be required to abide by this Consent and may not be subject to the same federal or state laws governing the use and disclosure of my health information. All data will be handled per the privacy notice of each company. Find the Carnival [privacy notice](http://www.carnival.com/privacy-notice) at www.carnival.com The privacy notice for American Health Associates is at www.cruisetesting.com.

I UNDERSTAND that I am not creating a patient relationship with American Health Associates by participating in testing and that American Health Associates is not acting as my medical provider. Testing does not replace treatment by my personal healthcare provider. I assume complete and full responsibility to take appropriate action with regards to my own health and the COVID-19 test results. I AGREE I will follow all federal, state, and local guidance and orders, including self-quarantining, and seek medical advice from my personal healthcare provider if I have a positive test, if I experience any symptoms, or if I have questions or concerns about my condition. I UNDERSTAND that the COVID-19 test may produce a false-negative test result and that neither the Company and Carnival Corporation & PLC nor American Health Associates is responsible for such a result. I UNDERSTAND that a negative test result only reflects the point in time that the sample was taken and that I must continue to practice safe hygiene and follow other public health directives regardless of my test results. I also understand that any molecular test methodology is not perfect and so subject to standard errors inherent in any laboratory assay.

I UNDERSTAND that a designated Company and Carnival Corporation & PLC representative may discuss the test results with me. I UNDERSTAND that Carnival Corporation & PLC may make decisions based on the test results regarding my need to self-quarantine or other travel-related action based on the test results. I UNDERSTAND that American Health Associates and the Company have no role or input in any Carnival Corporation & PLC travel decisions or policies and procedures as deemed necessary by Carnival.

I recognize that there are certain inherent risks associated with specimen collection. In consideration of the testing being provided to me, I RELEASE the Company and American Health Associates, their respective officers, agents, and employees or contractors, successors and assigns from any and all claims that I might have due to the testing and the results, including but not limited to the testing process, the testing results, and the test results being made available by American Health Associates to the Company. I AGREE not to file any action at law against the Company, American Health Associates, their respective officers, agents or employees or contractors, successors and assigns in connection with any aspect of the COVID-19 testing and to hold the Company and American Health Associates harmless from any damages, compensation, attorney fees, or expenses related in any way to my participation in the testing.

My signature below confirms that I have read and understand the COVID-19 Testing Consent Form, that I agree to the Consent Authorization and Release of Liability terms, and that I consent to COVID-19 testing. This Consent Authorization and Release of Liability shall continue in effect until containment of COVID-19 as determined by federal, state, and local government agencies.

Guest Signature (Yourself or Guardian on behalf of a Minor)

Date

Guest Printed Name (and Guardian if signed on behalf of a Minor)

Best Contact EMAIL ADDRESS