
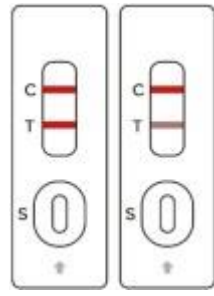




Parent/ Guardian Declaration Form

Student Name	.....	QID	.....
School Name	.....	Class/ Division /
Examination time	Day	.....	Date (day-month) /...../2022
Test Result			
	<input type="checkbox"/> Negative		<input type="checkbox"/> Positive

Acknowledgement: I hereby acknowledge that the information submitted in this declaration form are accurate and complete. The Rapid Antigen Test has been conducted as per the procedures and instructions of the Ministry of Public Health.

Parent/ Guardian Name	.....	Relationship to student	.....
Date (day-month)	...../...../2022	Parent/ Guardian Signature	.....

Important Notes about Test Results	
Negative	The student shall attend school and <u>MUST</u> present the parent /guardian declaration form.
Positive	The student shall <u>NOT</u> attend school and must visit the nearest Health Center and follow the procedures of the Ministry of Public Health.
Defective Result	The student shall <u>NOT</u> attend school and must visit the nearest Health Center and follow the procedures of the Ministry of Public Health.