

Attestation Form for At-Home COVID-19 Test

I attest that the at-home/over-the-counter rapid COVID-19 test described below was performed on (First and Last Name) _____ . The test was administered on the individual and the results belong to the test performed on them. The test was performed following the instructions provided by the test kit.

Student/Staff's Date of Birth: _____

School: _____

Grade (if applicable): _____ Teacher (if applicable): _____

Date and Time Symptoms Began: _____ / _____ / _____ and _____ am/pm

Date and Time Tested: _____ / _____ / _____ and _____ am/pm

Brand of Home Test: _____

Serial Number on Test Packaging: _____

Test Result as Observed by the Parent or Designated Adult Who Performed the Test (check one):

Positive

Negative

Unable to Determine

Test Performed By: _____
Printed Name Signature

Parent or Legal Guardian (if different than above): _____
Printed Name

Signature

Date