Attestation Form for At-Home Flu Test Results

I attest that the at-home/over-the-counter rapid Flu 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 Tested: _____ (date) _____ ☐ a.m. / ☐ p.m.

Brand of Home Test: _____

Serial Number on Test Packaging: _____

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

☐ Positive ☐ Negative ☐ Unable to Determine

Test Performed By: _____ _____

Printed Name Signature

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

Printed Name

_____ _____

Signature Date