

**NEW Attestation Form for At-Home COVID-19 Test**

Current as of January 9, 2022

**Attestation of At-Home Rapid COVID-19 Test Result**

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 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 (circle one):

Positive

Negative

Unable to Determine

Test Performed By: \_\_\_\_\_

Printed Name

Signature

Parent or Legal Guardian (if different than above): \_\_\_\_\_

Printed Name

Signature

Date