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