

ATTESTATION FORM FOR AT-HOME COVID-19 TEST

INSTRUCTIONS:

1. Please complete this form the day of the test and provide all requested information. Missing information will cause a delay in the processing of the test result. A phone number is necessary for contact tracing purposes.
2. **Please attach a picture of the test to this form.**
3. Form and photo need to be submitted to the School Nurse within two (2) business days of the test.

School Name: Pineland Learning Center, Inc.

Legal Name of the Individual that was tested: _____

Date of Birth: _____

Home Street Address: _____

City: _____ Zip Code: _____ County: _____

Phone Number: _____ Guardian (if applicable): _____

If the Individual is a minor, please provide the name and phone number of the guardian.

Date of Test (MM/DD/YYYY): _____ **Time of Test:** _____ AM PM

Brand of Home Test: _____

Lot/Serial Number of Test Packaging: _____

Test Performed By: _____

(Please Print)

TEST RESULT: **POSITIVE** NEGATIVE UNABLE TO DETERMINE

I attest that the at-home/over-the-counter rapid COVID-19 test was performed on the following individual listed above. The test was administered on the individual, and the result belongs to the test performed on the individual. It was performed following the instructions provided by the test kit.

Signature

Date