



At-Home Rapid COVID-19 Test Result Form

I attest that the at-home/over-the counter rapid COVID-19 test described below was performed on (First and Last Name) _____ and the result was POSITIVE. The test was administered on the individual and the results belong to the test performed on him/her.

Student's Date of Birth: _____

School: _____

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

Serial Number on Test Packaging: _____

Test performed By: _____
Printed Name Signature

Date Submitted to School: _____