

STUDENT AFFIRMATION OF OVER THE COUNTER (OTC)
COVID-19 ANTIGEN TEST RESULT TO RETURN TO SCHOOL

This form should be completed by the employee prior to return to school following COVID-19 symptoms.

Child's Full Name (please print):
Date of Birth:
Child's Vaccination Status (circle one): Fully Vaccinated Not Fully Vaccinated
Parent's Full Name (please print):

I do hereby affirm that my child (full name and date of birth listed above) has tested NEGATIVE on TWO over-the-counter (at home) COVID-19 antigen tests at least 36 hours (1.5 days) apart and has a resolution of symptoms permissible to return to school.

OTC Test #1	Date:	Time: am/pm
OTC Test #1 Result (circle one): Negative		Positive

OTC Test #2	Date:	Time: am/pm
OTC Test #2 Result (circle one): Negative		Positive

Parent/Guardian Signature: _____ Date: _____

BY SIGNING YOU ARE PLEDGING TO THE ACCURACY OF THE INFORMATION YOU HAVE PROVIDED ON THIS FORM.

FOR SCHOOL/OFFICE USE ONLY
Date Received:
Reviewed By:
Comments/Notes:

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