

Attestation Form for At-Home Rapid COVID-19 Test Results
Current as of January 9, 2022

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: Bridges Preparatory School

Grade: _____ **Teacher:** _____

Date and Time Tested: _____ **and** _____ a m / p m

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