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 this individual, and the results belong to the test performed on him/her. 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 Tested: _____ Time Tested: _____ a.m./p.m.

Brand of Home Test: _____

Serial Number on Test Packaging: _____

Test result as observed by 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 from above): _____
Printed Name

_____
Signature

_____
Date

(Updated by SCDHEC on January 9, 2022)