



## ATTESTATION OF AT-HOME RAPID COVID-19 TEST RESULT / TEST TO STAY

*This form shall be completed by Parent, Guardian, Legal Custodian, Foster Care Provider, Student 18 Years of Age or Older, or Student Otherwise Authorized to Provide Consent.*

York School District One, in accordance with current guidance from South Carolina Department of Health and Environmental Control, allows for students who are identified as close contacts and are not fully vaccinated to remain at school and not have to quarantine if the student agrees to and meets the following requirements:

1. Student is not experiencing symptoms associated with COVID-19.
2. Student agrees to wear a mask for ten days.
3. Student agrees to test no earlier than 5 days from the initial exposure as documented by the school nurse.

Students may use an at-home test to meet requirement three or schedule a time to be tested by their school nurse. If the students test results are negative on day 5, the student may remain at school. However, if the test is positive, the student must isolate at home. The school nurse may provide further guidance for those students who test positive and therefore must isolate.

I attest that the at-home / over-the-counter rapid COVID-19 test described below was performed on

\_\_\_\_\_. The test was administered on the individual and the results  
*(First and Last Name)*

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: \_\_\_\_\_

Grade *(if applicable)*: \_\_\_\_\_ Teacher *(if applicable)*: \_\_\_\_\_

Date and Time Tested: \_\_\_\_/\_\_\_\_/\_\_\_\_ and \_\_\_\_\_ AM/PM

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: \_\_\_\_\_  
*Print Name* *Signature*

Parent or Legal Guardian (if different than above): \_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Signature* *Date*