



SELF-ATTESTATION: AFFIRMATION OF HOME TESTING

Complete if you have tested your child at home with a COVID Home Test (rapid antigen test).

Use a separate form for each person. Do NOT submit to the Health Department—this form is for your documentation of testing your child for COVID-19.

I, (print name) _____, do hereby affirm that I tested my child, _____, for COVID-19 on (date) _____ consistent with guidance issued by the New York State Department of Health (NYSDOH).

My child tested (positive/negative) _____.

My child is symptom free, or symptoms have improved. In addition, my child has been fever-free for 24 hours without the use of fever-reducing medications. Date of Specimen Collection for Positive Test or Symptom Onset (if earlier from Date of Specimen Collection for Positive Test): _____

Affirmed by me on (today's date) _____

Parent/Guardian signature _____