



## Northern Adirondack Central School District

Office of the Superintendent  
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### Home/Antigen Test *Return to School* Attestation

The Clinton County Health Department has created a new pathway for students to return to school while experiencing symptoms consistent with COVID-19. A negative test result on two COVID-19 home (antigen) tests would enable the student to return. If both tests are negative and test #2 was given at least 24 hours, but no more than 48 hours, after test #1. Students should also meet the school's standard health requirements for attending school (i.e., if they have a hacking, unrelenting cough, they should not be in school), and they have been fever-free for at least 24 hours without the use of fever-reducing medication.

Please complete this Attestation Form to follow the home (antigen) test Return to School Pathway.

Name of Individual: \_\_\_\_\_

Student in Grade \_\_\_\_\_  Other: \_\_\_\_\_

Test #1 Date/Time: \_\_\_\_\_

Test Result (please circle one): Positive      Negative

Test #2 Date/Time: \_\_\_\_\_ (must take place between 24-48 hours after test #1)

Test Result (please circle one): Positive      Negative

**NOTE: DO NOT COME TO SCHOOL IF EITHER TEST IS POSITIVE.**

Please attest to the following:

- I attest that the person whose name appears at the top of this form is the individual for whom the given test results applies.
- I attest that the test was administered correctly according to the package insert.
- I attest that the second test was administered between 24-48 hours after the first test.
- I attest that the tested individual has been fever-free for 24 hours without the use of fever-reducing medication.

Signature of person responsible: \_\_\_\_\_

Print Name of person responsible: \_\_\_\_\_

Relationship to individual being tested: \_\_\_\_\_

Please contact the school nurse if you have any questions regarding these guidelines. Nurses Office: