



RJUHSD HOME TEST VALIDATION FORM

FDA Emergency Use Authorization At-Home Tests will be accepted from students for return to school after being symptomatic for COVID-19, quarantined for exposure to a positive case of COVID-19, or testing positive for COVID-19. Rapid Antigen test recommended. In order for an At-Home Test to qualify, this form must be completed with all required information and submitted to the school office or to the school Nurse.

The following COVID-19 home test was performed on:

Student Name: _____ Date of Birth: ____/____/____

School of Attendance: _____

Test Brand: _____ Date Test Conducted: ____/____/____

This form is required along with a picture containing:

1. Test with results visible. Write on the test:
 - a. Date Test Conducted
 - b. Student Name
 - c. Date of Birth (may be on a piece of paper in the background)
2. Test Kit Package

This form and picture may be turned into the school office or sent to the school nurse via email.

I understand the above named student will be allowed to return to campus:

If symptomatic, after 24 hours, and when symptoms have resolved, and a negative test result has been provided. Return as soon as conditions are met.

If positive, after five day and symptoms are not present or symptoms are resolving and a negative test result has been recorded on day 5. Return on Day 6.

I attest that the above named student was tested as noted above and the picture submitted is of their test. I understand that providing a false result may endanger other students and staff at the school site.

Parent/Guardian Signature: _____

Date: ____/____/____

Parent/Guardian Printed Name: _____

Phone Number: _____