



# Menands UNION FREE SCHOOL DISTRICT

19 Wards Ln., Menands, NY 12204 | Phone: (518) 465-4561 | Fax: (518) 434-2840

## STUDENT AFFIRMATION OF OVER THE COUNTER (OTC) COVID-19 ANTIGEN TEST RESULT TO RETURN TO SCHOOL

**MUST CHECK ONE:** My child is:

- Fully Vaccinated and Symptomatic
- Unvaccinated or not fully vaccinated and symptomatic

I, (print name) \_\_\_\_\_, do hereby affirm that my child (print name) \_\_\_\_\_ DOB \_\_\_\_\_ has tested negative on TWO OTC COVID-19 antigen tests at least 36 hours (1.5 days) apart and has a resolution of symptoms permissible to return to school.

Test #1 Date: \_\_\_\_\_ Test #1 Time: \_\_\_\_\_ am/pm (circle)

Test #1 Results: \_\_\_\_\_

Test #2 Date: \_\_\_\_\_ Test #2 Time: \_\_\_\_\_ am/pm (circle)

Test #2 Results: \_\_\_\_\_

Parent /Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: Your signature does not have to be acknowledged by a notary public. You are swearing to the veracity of the information you have provided on the form.

For School Use:

Received on: \_\_\_\_\_ Received by: \_\_\_\_\_

Comments: