



ATTESTATION OF COVID-19 TEST RESULTS PRIOR TO ATHLETIC COMPETITION

Name of Athlete: _____ Grade: _____

Team: _____ Date of Competition: _____

FOR AT HOME TESTING:

Name of Test (Brand and name): Please circle or indicate below:

- | | |
|---|--|
| Lucira COVID-19 All-in-One Test Kit Abbott | BinaxNow COVID-19 Self-Test |
| InteliSwab COVID-19 Rapid Antigen Home Test | QuickVue Rapid At-Home COVID-19 Test Kit |
| Labcorp Pixel COVID-19 PCR Home Collection | Intrivo COVID-19 Antigen Rapid Self-Test |
| On/go Covid-19 Antigen Self-Test | Other (Manufacturer/Name): _____ |

Date and time test performed: _____ Results of Test: (Positive/Negative) _____

By signing below, I, the parent/guardian of the athlete, confirm that I personally administered the aforementioned test according to manufacturer instructions and I attest that the results of the test are as indicated above.

Signature: _____ Printed Name: _____

Date: _____

FOR LABORATORY TESTING:

Name of Laboratory where test was performed: _____

Location (City) of Laboratory: _____

Date and time specimen was submitted: _____

Results of Test: (Positive/Negative): _____

By signing below, I confirm that I am in possession of laboratory test results which sets forth the information above. Further, I attest that the results of the test are as indicated above.

Signature: _____ Printed Name: _____