

# Green Island UFSD COVID-19 Attestation Form

## STUDENT ATTESTATION OF RAPID ANTIGEN COVID-19 HOME TEST RESULT TO RETURN TO SCHOOL

\* Required

1. Student First & Last Name \*

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2. Student Grade \*

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3. Student Date of Birth \*

*Example: January 7, 2019*

4. Vaccination Status \*

*Mark only one oval.*

Fully Vaccinated

Unvaccinated

Not Fully Vaccinated

5. Test Date \*

*Example: January 7, 2019*

6. Test Time (AM/PM) \*

*Example: 8:30 AM*

7. Test Result \*

Mark only one oval.

Positive

Negative

8. I, (parent/guardian - insert name below), do hereby affirm that my child has tested with the above above \*  
negative results and symptoms are resolved, OR the above positive results and has isolated for 5  
days after symptoms began/+ test results obtained and is therefore permissible to return to school.

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