**Over-the-Counter Rapid Antigen Testing Assurance**

**Date of Test:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Test:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, attest that I have self-administered the rapid antigen test indicated above. All test-specific instructions were followed and completed correctly. I have viewed and verified the result is:

[ ]  Negative for COVID-19

[ ]  Positive for COVID-19

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_