

# Union Hill Church Preschool

## ATTESTATION FORM FOR COVID-19 HOME-BASED TESTING

### Student/Staff Information

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date of Test: \_\_\_\_\_ Result of Test.: \_\_\_\_\_ Date Reported: \_\_\_\_\_

Reported By (name and relation): \_\_\_\_\_

Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

### FOR SCHOOL USE ONLY BELOW THIS LINE

**ISOLATION:**  
**QUARANTINE:**

**TEST TO STAY:**  
**NO I/Q REQUIRED:**

Return to School Date: \_\_\_\_\_ Masking required until: \_\_\_\_\_

Quarantine Exempt Until (Positive date+ 90 or Vaccine date +180): \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_

School Official Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_