

Date:

Name (first and last):

Position & Department:

Employee # (6-digits):

Date of Birth:

Collection Date:

Test Results: Positive Negative

Type, Print or Sign Name:

I do hereby attest that this information is true, accurate and complete to the best of my knowledge and I understand that any falsification, omission, or concealment of material fact may subject me to disciplinary action.

Testing must be FDA approved* or authorized, including to detect current COVID virus (e.g., a viral test). The test can be conducted by a third party (processed by a lab) or observed by an authorized third-party provider or the employee may self-administer and submit their own results to HR as referenced in the Mandatory COVID-19 Vaccination Policy and COVID-19 Return to Work Preparedness Plan.

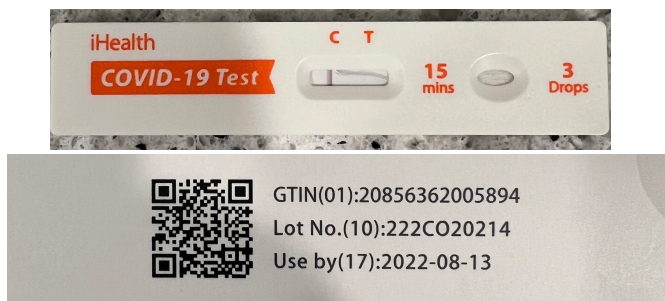
Self-administering your own test will require using this COVID-19 Testing Report Form.

Along with this form; you must attach a picture of the Test Results, and **picture** of the QR Code from the test box. See examples below.

***FDA Approved At-Home COVID-19 tests:**

<https://www.fda.gov/medical-devices/coronavirus-covid-19-and-medical-devices/home-otc-covid-19-diagnostic-tests>

iHealth Tests:



BinaxNOW Test:

