Student Covid-19 Testing Results and Documentation Form

Student/Staff Name: Last: _____ **First:** _____ **MI:** ____ **Jr.** __

Address: _____ **City:** _____ **State:** ____ **Zip:** _____

County: Columbia: ____ **, Other:** _____ **Home Phone: (** ____ **)** _____-_____

DOB: ____/____/_____ **Age:** ____ **Gender: M__, F__, T__, O__ Pregnant: N__,Y__**

Race (select one or more) **__White,   __Black,   __Asian,**
__American Indian/Alaskan Native, __Native Hawaiian/Pacific Islander, __Other

Symptom Onset Date: ____/____/____ **Symptoms:** _____

School child attends: _____

Parent/Guardian Name: _____ **E-Mail:** _____

Parent/Guardian Phone Number: (____ **)** _____-_____
(Results will be provided to Parent/Guardian via phone)

- **Your submission of this form provides your consent for student Covid testing.**
- **(Testing is done from 9 – 10:45 am only)**

Firehouse Test Site: ___Chatham **(**Wednesday only**);** ____ **Claverack** (Monday and Thursday)

Information below is for use by the Health Department

The specimen # is the first 3 letters of the last name, first 2 letters of first name, & collection date.

Specimen # _____   **Collection Test Date:** ____/____/_____

Test type: _____ **Quick Vue SARS Antigen   ___Other** _____

Result: _____ **Negative,** _____ **Positive**

Test Performed by: _____ **Initials**

Results reported to Parent/Guardian: Name: _____

Date: ___/___/___ **@** _____am/pm

Reported by: _____

Entered into ECLRS on ____/____/____ **Initials:** _____