



Over-the-Counter Rapid Antigen Testing Assurance

Date of Test: _____

Name of Test: _____

Name of Person Tested: _____

I, _____, attest that I have 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: _____