



Home Test Validation Form

Per the [new guidance](#) from the California Department of Health (CDPH) issued on 12/30/21, students and staff can now use At-Home Tests to return to school after being symptomatic for COVID-19, quarantined for exposure to a positive case of COVID-19, or testing positive for COVID-19. It is recommended that all persons use a rapid antigen test. In order for an At-Home Test to qualify, this form must be completed with all required information. This form and picture may be sent via email to the campus. Email addresses may be found at www.rocklinusd.org/Departments/Health-Services/Health-Services-Staff

The following COVID-19 home test was performed on:

Name: _____ Date of Birth: ____/____/____

School of Attendance: _____ Test Result: Negative Positive

Test Brand: _____ Date Test Conducted: ____/____/____

Last date symptoms were experienced: ____/____/____

Last date medication were used for symptoms: ____/____/____

This form is required along with a picture containing:

1. Test with results visible. **Write on the test:**
 - a. Date Test Conducted
 - b. Name

This form and picture may be sent via email to the campus. Email addresses may be found at www.rocklinusd.org/Departments/Health-Services/Health-Services-Staff

I understand the above named individual will be allowed to return to campus:

- ★ If symptomatic, after 24 hours, and when symptoms have resolved, and a negative test result has been provided. Return as soon as conditions are met.
- ★ If quarantined for close contact, after five days and asymptomatic and a negative test result has been recorded on day 5. Return on Day 6.
- ★ If positive, after five days and asymptomatic and a negative test result has been recorded on day 5. Return on Day 6.

I attest that the above named individual was tested as noted above and the picture submitted is of their test. I understand that providing a false result may endanger other students and staff at the school site.

I am a: Staff Member Parent/Guardian of the above named student

Signature: _____ Date: ____/____/____

Printed Name: _____ Phone Number: _____