PARKLAND SCHOOL DIVISION

# PSD Attestation Form

## Self-Administered Rapid Antigen Test

I,_____, affirm that all of the information and answers provided herein and any accompanying supporting documentation are complete, true and correct to the best of my knowledge and belief. I understand that any misrepresentation, falsification, or omission of any material facts will render this attestation void, and be subject to further action by the employer or by law.

***Select one of the options that applies:***

☐ **I attest that I have performed an at-home COVID-19 Rapid Antigen Test. The result was:**

☐ **Positive Result**

☐ **Negative Result**

**Test administered on:**

Date: _____

Time: _____

**The Division reserves the right to request a pharmacy or lab administered COVID-19 Antigen Rapid Test or additional verification of vaccination status, documentation for the purpose of a safety compliance audit or other information as reasonably needed to implement this protocol. I acknowledge and agree to provide proof of vaccination status or updated documentation for accommodation upon request.**

_____ _____

**Signature** **Date** *(mm/dd/yyyy)*