

COVID-19 SELF-TEST REPORTING

Rapid-Test date: _____

Student's Name: _____

Student's country passport number: _____

Father's Full Name: _____

Mother's Full Name: _____

Rapid test result:

☐ Negative test result

☐ Positive test result

By signing this document the Parent/Guardian confirms that the student taken test is negative.

The self-test must be performed twice a week (Mondays and Thursdays) and the student must carry this form with him/her to school every day.

Parent/Legal Guardian signature: _____

If the self-test is positive:

- a second rapid test must be performed at a public or private clinic and a statement from the clinic with the results must be provided to the school.
- If the second test is also positive, the EODY protocol should be followed. Please notify the school's nurse immediately.