



Bear River High School Ghidotti Early College High School Nevada Union High School North Point Academy NU Tech Silver Springs High School

Staff Home Test Validation Form

Per the [new guidance](#) from the California Department of Health (CDPH) issued on 3/7/2022, 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 covidreporting@njuhsd.com

The following COVID-19 home test was performed on: _____

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

School of Assignment: _____ 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 covidreporting@njuhsd.com.

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 positive**, after five days and asymptomatic and a negative test result has been recorded on or after day 5. Return on Day 6, **but must wear a mask for the next consecutive 5 days - day 6 through day 10.**

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

Signature: _____ Date: ____/____/____

Printed Name: _____ Phone Number: _____