



Burnt Hills-Ballston Lake Central Schools

AFFIRMATION OF OVER THE COUNTER (OTC) COVID-19 ANTIGEN TEST RESULT TO RETURN TO SCHOOL

PLEASE COMPLETE THIS FORM WITH YOUR CHILD'S INFORMATION:

1. My child is : (please circle one)

FULLY VACCINATED

PARTIALLY VACCINATED (not 2 weeks or more after second dose)

UNVACCINATED

2. My child is: (please circle one)

SYMPTOMATIC or ASYMPTOMATIC

I, (print name) , do hereby affirm that my child (print name) _____
DOB _____ has tested negative on TWO OTC COVID-19 antigen test at least 36 hours (1.5 days)
apart and has a resolution of symptoms permissible to return to school.

Test #1 Date: _____ Test #1 Time: _____ am/pm (circle)

Test result #1: _____

Test #2 Date: _____ Test #2 Time: _____ am/pm (circle)

Test result #2: _____

Date: _____

Parent/Guardian signature

NOTE: YOUR SIGNATURE DOES NOT HAVE TO BE ACKNOWLEDGED BY A NOTARY PUBLIC. YOU ARE SWEARING TO THE VERACITY OF THE INFORMATION YOU HAVE PROVIDED ON THE FORM.

For School Use:

Received on: _____ Received by: _____

Comments: