



At-Home Covid Testing Attestation

I, _____, confirm that I have self-administered an at home COVID-19 test (PCR / Antigen) with Emergency Use Authorization under the Food and Drug Administration and have truthfully reported the results below. Should I test positive, I will notify RISE Human Resources by phone call in addition to submitting this form.

Test Date	Test Brand	Test Result	Signature
_____	_____	Positive Negative	_____
_____	_____	Positive Negative	_____
_____	_____	Positive Negative	_____
_____	_____	Positive Negative	_____
_____	_____	Positive Negative	_____
_____	_____	Positive Negative	_____
_____	_____	Positive Negative	_____
_____	_____	Positive Negative	_____
_____	_____	Positive Negative	_____
_____	_____	Positive Negative	_____
_____	_____	Positive Negative	_____
_____	_____	Positive Negative	_____
_____	_____	Positive Negative	_____
_____	_____	Positive Negative	_____
_____	_____	Positive Negative	_____

Form should be scanned or photographed and uploaded on our website weekly

Southern California's #1 Resource for American Sign Language