

Employee Attestation of Negative At-Home COVID-19 Test Result

I certify that the at-home/over-the-counter COVID-19 test was administered on the employee listed below. Further, I certify that the test was performed according to the manufacturer instructions included with the at-home/over-the-counter test, and received a **negative result**.

Employee Name: _____

Employee ID: _____

Date of Birth: _____

Location (campus or building): _____

Test Information:

Date and Time Tested: ____/____/____ and ____:____am/pm

Brand of Home Test: _____

Serial Number on Test Packaging: _____

Signature

Date

This form is only for employees identified as a close contact that received a negative test result with an at-home/over-the-counter COVID-19 test. Completed forms can be submitted to their direct/immediate supervisor if needed.

Employees who test positive must complete the [Wellness Screener](#) on the Fort Bend ISD webpage.