

SELF-ATTESTATION: AFFIRMATION OF HOME TESTING

-KAMEHAMEHA SCHOOLS-

DIRECTIONS:

1. Complete if you have tested your child at home with a COVID Home Test (rapid antigen test) after being sick with COVID-like symptoms (*such as Fever of 100.4 or higher, Cough, Shortness of breath, Difficulty breathing, New loss of taste or smell, Chills, Fatigue, Muscle or body aches, Headache, Sore throat, Congestion or runny nose, Nausea or vomiting, Abdominal pain, Diarrhea*).
2. Use a separate form for each student.
3. Do NOT submit this form to the State of Hawai'i Department of Health —this form affirms you tested your child for COVID-19, and are submitting to Kamehameha Schools for student to readmit after having COVID-like symptoms.

**STUDENTS RETURNING TO SCHOOL AFTER COVID LIKE SYMPTOMS WHO HAVE NOT TESTED POSITIVE (FOR 3 DAYS OR LESS\*) Must be fever free for 24 hours without medication and symptoms resolved or improving plus have at least ONE of the following:**

- PCP Note
- One COVID test from a provider or test center
- Two home COVID tests done 24 hours apart – parent attestation

**\*A PCP note is required for students out ill for 4 or more days**

I, \_\_\_\_\_, do hereby affirm that I tested my child,  
(name of parent)

\_\_\_\_\_ for COVID-19 on  
(name of student) (DOB) (Student ID #)

\_\_\_\_\_ and 24 to 48 hours later on \_\_\_\_\_ consistent  
(date) (date)

with guidance issued by the Hawaii State Department of Health (HIDOH). Symptoms started on:

\_\_\_\_\_. My child tested \_\_\_\_\_.  
(date) (positive/negative)

My child is symptom free, or symptoms have improved. In addition, my child has been fever-free for 24 hours without the use of fever-reducing medications.

Affirmed by me on \_\_\_\_\_ (today's date)

Parent/Guardian name printed \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_

**\*\*This form does not apply to students who tested positive or who have been out with documented chronic illness symptoms (e.g. documented allergies in our electronic health record) or other non-covid symptoms (toothache, sprain, earache, etc.).**