

DATE: _____

COVID-19 SELF TEST KIT for STUDENTS

Name:	CONTACT TRACIN In the event of a positive COVID test, please list
Reason for Testing:	may need to made aware of being expo
Exposure to someone with COVID-19	
Experiencing Symptoms of COVID-19	
	*In compliance with HIPAA laws, we will NOT personal information with anyone under any cir
This QuickVue COVID-19 OTC Test is a <i>one-time offer</i> to students who desir and monitor their own results. Drake State Community and Technical Colle responsible for the testing process or the outcome of this at-will test.	
Each kit contains testing directions, a tube of fluid, a swab, and a test strip. directions carefully and complete the test correctly the first time, you will on the event you would like to be tested again, you must visit a medical facing you.	only receive one test.
If your test is negative and you are experiencing COVID-like symptoms, pleamaking an appointment with your primary care physician, visiting an urgent going to the emergency room for care.	
If your test is positive, please inform your instructor and follow the campus you are unfamiliar with the campus' COVID-19 policy, please ask the Coord Response for policy information.	• •
Statement and Signature:	
I understand the above information and I also understand the College will r than one test to a single faculty or staff member.	not provide more
Signature:	
Coordinator for COVID-19 Response:	