

## PRIVATE TESTING AFFIRMATION

In accordance with New York State Health Department Guidance, I am submitting this form to my child(ren)'s school to affirm that I will have my child(ren) tested with a PCR nasal swab molecular SARS-COV2-19 PCR Test if requested by the school. I understand and affirm that I must and will schedule an appointment for testing immediately on being notified that my child(ren) was/were randomly selected as part of surveillance testing in a yellow, orange or red zone in advance of the school requiring the results in order to allow for the delay in lab processing so the school receives my child's test results in a timely fashion.

I understand that printed test results must contain the following information: my child's name, the date the test was given, the type of test, and the result. Test results must be provided to the school within seven days from the date the test is given and must have taken place after the parent has been notified that the student was randomly selected as part of 20% or 30% cohort.

I understand that RAPID tests and ANTIGEN tests are NOT accepted for Negative results. AT HOME TESTING KITS are NOT accepted even if they are PCR molecular. I also understand that I may be asked to have my medical doctor provide a note with the results of the test if the results or lab reports are unclear to the school, and I agree that I will do so. I further understand that I must provide an actual printout the LAB REPORT and that jpegs, pictures and screen shots of Health applications are NOT acceptable. I also understand that the school can reject any test report at any time and for any reason, and require my child to be re-tested before my child can return to school.

I understand that if my child does not meet the above testing requirements, or chooses not to participate in testing, they will be required to transition to remote instruction immediately.

School

Childs Name

Parents Signature

Date