



MODOC COUNTY

Health Services Department, Public Health Branch

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COVID-19 Self-Test Attestation Form

Name: _____

Date of Birth: _____

Test Type: _____

Date of Test: _____

Lot #: _____

Test Result: _____

I hereby certify under penalty of perjury that the following information is true:

- The test specimen was obtained on the date indicated from the individual represented on this form.
- The test was performed according to instructions provided in the test kit.

Persons Who Test Positive for COVID-19 (Isolation)	Recommended Action
Everyone, regardless of vaccination status, previous infection or lack of symptoms.	<ul style="list-style-type: none">• Stay home for at least 5 days.• Isolation can end after day 5 if symptoms are not present or are resolving and a diagnostic specimen* collected on day 5 or later tests negative.• If unable to test or choosing not to test, and symptoms are not present or are resolving, isolation can end after day 10.• If fever is present, isolation should be continued until fever resolves.• If symptoms, other than fever, are not resolving continue to isolate until symptoms are resolving or until after day 10.• Wear a well-fitting mask around others for a total of 10 days, especially in indoor settings. <p>*Antigen test preferred.</p>

(Signature of Individual or Parent/Guardian)

Date

(Print name of Individual or Parent/Guardian)