**Department of Families:   
Mandatory COVID-19 Rapid Test Completion Attestation Form**

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| **1. Division:** |
| **2. Branch:** |
| **3. Name of Person Completing Attestation:** |
| **4. Date:** [insert weekly period covered by the form, for example: September 20-24, 2021] |
| **LEGAL ATTESTATION**  I, [insert full name here], have completed all mandatory COVID-19 tests as required by the Department of Families for the time period above. I am aware that failure to complete these tests, or dishonestly about those tests, can lead to:  discipline up to and including termination of my employment, or  termination of my engagement as a contractor or other person, or  denial of access to worksites, as appropriate.  My tests were completed on [insert dates here as dd/mm/yy; dd/mm/yy; dd/mm/yy] and results were [specify negative or positive for each result].  **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date of attestation:** [day/month/year] |
| **SUPERVISED RECORD OF COVID-19 TEST RESULT**  **(applicable only for purposes of rapid tests** **supervised on-site or by video call)**  I [insert printed full name of test supervisor here] attest that I have supervised the above named attestee during self-administration of COVID-19 testing procedures and do further confirm that said procedures were performed, conducted and completed according to all expected and established requirements, with my observation of [specify positive or negative] testing results based on the completed screening.  **Signature of Test Supervisor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature of Attestee** (person named at #2 above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date of record:** [day/month/year] |