# Testing Protocol Agreement Template

A school district may adopt a testing protocol (similar to previous Test to Stay Programs) to allow individuals who may have been exposed to a positive case to stay in school while also minimizing the chance for transmission. Prior to implementing a testing protocol, the school and/or provider should consult with their local public health jurisdiction (LHJ).

School/District/Provider/Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COVID-19 Coordinator/Supervisor overseeing program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact information:

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that in order to participate in testing protocol, I must:

**[Select from options below that relate to your intended testing protocol, or consider additional parameters]**

* Collect consent and registration forms from parent/guardian of students and children, and from any participating teachers or staff.
* Encourage participants to minimize exposure outside of school and should consider minimizing participation in community events or social gatherings.
* Perform testing at school, clinic, or other community testing site. Tests conducted at home by the parent/guardian/individual may also be used.
* Use the test specified by the school/district/provider/program (e.g., rapid antigen, pooled viral test).
	+ Please indicate testing type and expected cadence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Have a Certificate of Waiver MTS/CLIA license (if applicable based on test type above).
	+ License number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Report all test results as required by state statutes.