

**PORT JEFFERSON SCHOOL DISTRICT  
OFFICE OF THE SUPERINTENDENT OF SCHOOLS  
550 SCRAGGY HILL ROAD  
PORT JEFFERSON, NY 11777  
PHONE (631)791-4221 FAX (631)476-4409**



Jessica Schmettan  
Superintendent of Schools

Adam Sherrard  
Director of Health Education,  
Physical Education, Athletics  
and Nursing

I, \_\_\_\_\_ confirm that I have administered an over the counter  
(Print Parent/Guardian Name)

COVID-19 test to my child, \_\_\_\_\_ Grade: \_\_\_\_ on \_\_\_\_\_ and  
(Print Child's Name) (Date)

the result was negative for COVID-19. Additionally, per Suffolk County Department of Health Services guidance, my child is well enough to participate in school with symptoms improving and has been fever-free for 24 hours without use of fever-reducing medication.

\_\_\_\_\_  
Type of Test (i.e. Abbot BinaxNow, QuickVue, etc.)

*Tests distributed through the School District are **iHealth COVID-19 Antigen Rapid Test**.*

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

***Please submit this attestation form along with the photo of the test results to Arin Hampson ([ahampson@portjeffschools.org](mailto:ahampson@portjeffschools.org)) or Adam Sherrard ([asherrar@portjeffschools.org](mailto:asherrar@portjeffschools.org))***