

COVID-19



At Home Self-Testing Results Tracker

Household Name: _____

School Name: _____

Parents make it fun for your kids
put stamps or stickers on the squares when complete

TEST 1 <hr/> <input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE <small>(CALL 811)</small>	TEST 2 <hr/> <input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE <small>(CALL 811)</small>	TEST 3 <hr/> <input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE <small>(CALL 811)</small>	TEST 4 <hr/> <input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE <small>(CALL 811)</small>	TEST 5 <hr/> <input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE <small>(CALL 811)</small>
TEST 6 <hr/> <input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE <small>(CALL 811)</small>	TEST 7 <hr/> <input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE <small>(CALL 811)</small>	TEST 8 <hr/> <input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE <small>(CALL 811)</small>	TEST 9 <hr/> <input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE <small>(CALL 811)</small>	TEST 10 <hr/> <input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE <small>(CALL 811)</small>
TEST 11 <hr/> <input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE <small>(CALL 811)</small>	TEST 12 <hr/> <input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE <small>(CALL 811)</small>	TEST 13 <hr/> <input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE <small>(CALL 811)</small>	TEST 14 <hr/> <input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE <small>(CALL 811)</small>	TEST 15 <hr/> <input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE <small>(CALL 811)</small>
TEST 16 <hr/> <input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE <small>(CALL 811)</small>	TEST 17 <hr/> <input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE <small>(CALL 811)</small>	TEST 18 <hr/> <input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE <small>(CALL 811)</small>	TEST 19 <hr/> <input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE <small>(CALL 811)</small>	TEST 20 <hr/> <input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE <small>(CALL 811)</small>
TEST 21 <hr/> <input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE <small>(CALL 811)</small>	TEST 22 <hr/> <input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE <small>(CALL 811)</small>	TEST 23 <hr/> <input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE <small>(CALL 811)</small>	TEST 24 <hr/> <input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE <small>(CALL 811)</small>	Time to request more supplies from your school TEST 25 <hr/> <input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE <small>(CALL 811)</small>