



County of Orange Negative COVID-19 Test

Attestation Form

The current County of Orange Public Health Officer's Orders allows certain individuals with COVID-19 symptoms to return to the workplace without the necessity of a 10-day isolation period. For further information, please click here: <https://occovid19.ochealthinfo.com/article/oc-health-officers-orders-recommendations>.

Employee Name: _____

County Department: _____

Date Started Experiencing COVID Symptoms: _____

Date of At-Home Antigen Test: _____

I am attesting to the following:

1. The COVID-19 at-home antigen test administered was **negative** and I am providing a copy of this result to my department's HR Return Work Team.*
2. The negative COVID-19 at-home antigen test result is for me.
3. The date above of the COVID-19 test result is true and accurate.

I understand that this attestation will be placed in my HR medical file along with the photo/documentation of my test result.

Employee Signature: _____

Date: _____

* A picture (or other documentation) of the negative COVID-19 at-home antigen test result must be provided to HR Return to Work along with this completed form.