

FALL RIVER PUBLIC SCHOOL

417 Rock Street, Fall River, MA 02720

Maria Pontes, Superintendent

Karen A. Long, Director of Nursing

Opt-in form for staff participating in the at-home antigen test program

Both vaccinated and unvaccinated individuals are strongly encouraged to opt-in.

Staff Information	
Staff Print Name:	
Staff's School Name:	
Opt-in	<input type="checkbox"/> Yes, I opt to participate in the at-home antigen test program <i>(please read and sign form below)</i> <input type="checkbox"/> No, I do not opt to participate in the at-home antigen test program <i>(No further action needed)</i>

Opt-In Stipulations:

By completing and submitting this form, I confirm that I am the appropriate legally authorized individual to opt into the at-home antigen testing program:

- Opt-in: I understand that my school district will provide the at-home antigen tests to only those students and staff, vaccinated or unvaccinated, who opt-in.
- Training: I understand that my school district will provide the prerequisite at-home antigen test administration training materials, including instructions on when tests should be taken, to me. I agree to take this training prior to administering the test.
- Test distribution: I understand that at-home tests will be given to me to take home every two weeks. I understand that each test kit contains two individual tests, and I will administer the test on each **Wednesday evening**.
- Reporting test results: I understand that if I test positive, I will stay home and report the positive test result to Human Resources and my healthcare professional. I understand the district/school will keep any reported test results confidential and individual results will not be made public.
- Voluntary participation: I understand that opting into the at-home antigen test program is optional and that I can choose not to participate at any time. To cancel this opt-in for the at-home antigen testing program, I need to contact **school principal or supervisor**.

I, the undersigned, have been informed about the at-home antigen test program, procedures, and I have received a copy of this opt-in form. I have been given the opportunity to ask questions before I sign, and I have been told that I can ask additional questions at any time. I voluntarily opt-in to this program:

Staff Signature: (needed for OPT-IN only) _____

Date: _____