



Sedgwick County...  
working for you

# COVID-19 At-Home Test Self-Reporting Form

You may use this form to report the results of at-home COVID-19 test results to the Sedgwick County Health Department. Only use this form to report your own results or results for your children under age 18. Email completed form to: [DiseaseReporting@sedgwick.gov](mailto:DiseaseReporting@sedgwick.gov).

## Information about the Person Tested with the At-Home Test

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender:  Female  Male

### Please Select All that apply:

Ethnicity:	<input type="checkbox"/> Hispanic or Latino	Race:	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or other Pacific Islander
	<input type="checkbox"/> Non-Hispanic or Latino		<input type="checkbox"/> Black / African American	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Unknown		<input type="checkbox"/> Asian	<input type="checkbox"/> Prefer Not to Say
	<input type="checkbox"/> Prefer Not to Say		<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Other/Prefer to Self-Identify: _____

### Contact Information:

Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Consent to Contact by:  Call  Email  Postal Mail

### Family/Guardian Information (Required if person tested is under 18):

Parent/Guardian Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone: \_\_\_\_\_ (if different than above)

### At-Home Test Information

Date of At-Home Test (MM/DD/YYYY):  
\_\_\_\_\_

Specimen Source:  
\_\_\_\_\_

Test Manufacturer/Brand:  
\_\_\_\_\_

Test Result:  Positive  Negative

Is this your first COVID Test?

Yes  No  Unknown

Are you employed in Healthcare?

Yes  No  Unknown

Do you have symptoms?

Yes  No  Unknown

Are you pregnant?

Yes  No  Unknown

Have you received a COVID-19 vaccine?

Yes  No  Unknown

If Yes, date of last dose? \_\_\_\_\_

### What You Need to Do Now

If you tested **POSITIVE**:

- Isolate at home for 5 days from the day your symptoms started or, if you have no symptoms, from the day you tested.
- Then wear a well-fitting mask for 5 more days.
- Stay home if you continue to have symptoms.
- Let your close contacts know they were exposed.

If you tested **NEGATIVE**:

- If you have symptoms, get a PCR test to confirm your results.
- If you were a close contact of someone with COVID-19, complete your quarantine.

These instructions apply to the general public; there may be other requirements depending on where you live, work, or attend. See more detailed instructions and definitions on the Sedgwick County Isolation and Quarantine Guidelines webpage:

[www.sedgwickcounty.org/covid-19/sampling-and-testing-information/quarantine-and-isolation-guidance/](http://www.sedgwickcounty.org/covid-19/sampling-and-testing-information/quarantine-and-isolation-guidance/)