



*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.

## 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: ☐ Hispanic or Latino ☐ Non-Hispanic or Latino ☐ Unknown ☐ Prefer Not to Say

Race: ☐ White ☐ Black / African American ☐ Asian ☐ American Indian or Alaska Native ☐ Other/Prefer to Self-Identify: \_\_\_\_\_

☐ Native Hawaiian or other Pacific Islander ☐ Unknown ☐ Prefer Not to Say

### 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/)