K-12 School Guidance from the Lenawee County Health Department.

Alternate School Quarantine Option: Test to Stay (TTS)

Updated (11-22-2021)

BinaxNOW Antigen Testing Result Form

Facility Nar	ne			Dat	te of clos	se conta	ct		-		
	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	
Date		,		•	,	,	,	,		,	
Result											
LISD Tech											
Individual F	Participa	nt Infori	mation:								
Students Fu	ıll Name					Gr	ade		syn	y Covid-19 nptoms (e.g ugh, shortne	_
Home Addr	ess								bre	eath, sore the miting, diari	nroat,
City			S	state	ZIP				hea	adache, loss smell?	
Date of Birt	:h									□ YES	
Parent Pho	ne									□ NO	
Sex: M	F I	Race/Eth	nnicity: _		Tec	h Center	· Student	Y or	N		
needed und Lenawee Co	der the u	pdated <u>i</u>	to be Alternat	tested a e School	t Sand C Quaran	reek Con	nmunity	Schools	for up to	o 7 days as om the	;
In addition, I a	agree to th	ne followir	ng:								
	een my ch		_	oms for 14	4 days afte	er exposur	e. If my ch	nild is sym	ptomatic,	I will not	
send hin	n or her to	school, si	ports or ot	her extrac	curricular a	activities.	Symptom	s include:	cough, fev	ver,	
	ss of breat								_		
	aches, abd				_			, ,	,	,	
	st is negati	•			•		ctav in cch	ool while	agraoing	to woor o	
	_		-		•		-				
· <u></u>	school, on		_			•			•		
	st is positiv	•		mes symp	tomatic, I	will keep r	ny child h	ome from	school, sp	orts and	
other ex	tracurricu	lar activiti	es.								
Parent/gua	rdian Sig	nature:						Date	e:		