

St. Clair County Community Mental Health Authority
COVID-19 Test – Proof of Testing

Staff Member Tested: _____ Date of Test: _____

1. **Type of Test:** SARS Antigen Rapid Test

2. **Testing Facility:** St. Clair County CMH

Symptoms Only

3. **Result of Test** (*Circle One*)

Test to Stay Working

- a. Positive
- b. Negative
- c. Pending Results

4. **Date of Test Results:** _____

5. **If results are Positive, discussed appropriate follow up with person tested** (*Circle One*)

- a. Yes
- b. No

Person Facilitating the Test (*Note self-administered if applicable*): _____

Signature of Person Facilitating the Tests: _____

Facility Representative (*Person witnessing and/or reading results*): _____

Signature of Witness/Reading Results: _____

Testing Protocol

- *Nursing staff will provide test to OBRA staff as required by the external facility.*
- *Nursing staff will provide test to other CMH staff when deemed appropriate.*
- *Staff members will administer the rapid test on their own, following the instructions and guidance of nursing staff.*
- *Nursing staff will witness the administration, document the results on this form and attest to the information provided on the form.*
- *Forms will be forwarded to HR and the documentation will be kept in the personnel file.*

Should proof of testing be needed to outside service locations in order to provide services, nursing support staff will be responsible for providing a copy to that facility with staff knowledge.