



COVID-19 HOME TEST RESULTS

If you have received a positive test result from an at-home COVID-19 antigen test, please fill out this form. Place your Owl Card or state driver's license and positive test in the locations indicated below, then take a picture of the form and upload it to your secure, confidential Patient Portal at **keene.medicatconnect.com**.

First Name: _____

Last Name: _____

Date of Birth: ____/____/____ Owl Card ID Number: _____

KSC Email Address: _____@keene.edu

Date of Positive Test: ____/____/____ Time of Positive Test: _____ A.M. P.M. (*circle one*)

► Attestation

I hereby attest the information provided on this form is true and accurate. I understand providing false information is a violation of the Code of Student Conduct and will subject me to sanctions including dismissal from the College.

Signature: _____ Date: ____/____/____

**PLACE YOUR OWL CARD OR
DRIVER'S LICENSE HERE**

**PLACE YOUR POSITIVE COVID-19
ANTIGEN TEST RESULT HERE**

*Please write your initials and the
date on your actual test/test strip.*

**Thank you for continuing
to be #OwlsUnited!**