## TEST TO STAY DAILY MONITORING FORM

Track your daily participation in Test to Stay with this form.

**Name:**

What was the day you were exposed to the individual with COVID-19?

For an ongoing exposure, use the last date of close contact exposure to the person with COVID-19 (Day 0)

- **DAY 0** – *Testing and symptom monitoring will begin on this day of exposure or as soon as possible thereafter* (some individuals may not be identified as a close contact on Day 0, so testing and monitoring will begin as soon as they are identified).
- **DAY 0** – You must have a **negative test** result after the last close contact exposure to the individual with COVID-19 and prior to returning to school or child care.
- **DAY 5** – You must have a **negative test** result on or after Day 5. If Day 5 falls on a weekend or holiday, you should have a test the morning of or the night before the next day you go to school or child care.

**If at any time, you test positive for COVID-19, develop symptoms, or cannot wear a mask, you should stay home and not go to school or child care. Please contact your school or child care facility’s point of contact for Test to Stay.**

<table>
<thead>
<tr>
<th>DAY 0*</th>
<th>DAY 1</th>
<th>DAY 2</th>
<th>DAY 3</th>
<th>DAY 4</th>
<th>DAY 5</th>
<th>DAY 6</th>
<th>DAY 7</th>
<th>DAY 8</th>
<th>DAY 9</th>
<th>DAY 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was Your Rapid Test Result Positive or Negative Today?</td>
<td>NEG</td>
<td>POS</td>
<td>NEG</td>
<td>POS</td>
<td>NEG</td>
<td>POS</td>
<td>NEG</td>
<td>POS</td>
<td>NEG</td>
<td>POS</td>
</tr>
<tr>
<td>Do you have any symptoms? (Yes or No)</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>If yes, please list all COVID-related symptoms.</td>
<td></td>
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<tr>
<td>Are you able to wear a mask today?</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

Symptoms may range from mild to severe and often develop 2-14 days after exposure. You may use the [CDC Symptoms Self-Checker](https://symptoms.cdc.gov) to check your symptoms, such as:

- Fever or chills
- Cough
- Shortness of breath
- Difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Visit [vaccinate.virginia.gov](https://vaccinate.virginia.gov) to find a booster location near you, or call 877-829-4682 for more information.

For the latest CDC guidelines on boosters and eligibility, visit [CDC.gov](https://www.cdc.gov).