

# VIRGINIA DEPARTMENT OF HEALTH

## TEST TO STAY DAILY MONITORING FORM

Track your<sup>s</sup> daily participation in Test to Stay with this form

<sup>s</sup>parents may use this form to track their child's participation in Test to Stay



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.**

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

Symptoms may range from mild to severe and often develop 2-14 days after exposure. You may use the [CDC Symptoms Self-Checker](#) 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).

