



QUICK REFERENCE GUIDE

Submitting Self Reported COVID-19 Test Results DCPS Students

Populating the Self-Reporting Test Results Form

Select Language
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Navigate to [this link](#) to locate the COVID-19 Self Reporting Form to input individual test result information.

COVID-19 Test Self Reporting Portal

Use the drop-down menu to **select a language** other than English.

Please complete the form below to report COVID-19 test results. Upon completion of the form, a member of DC Health may contact you.

- 1 Enter the student's information: **First Name, Last Name, Phone,** and **Email.**

Note: Guardian contact information will be required at the bottom of the page.

- 2 Select **Student** from the drop down.

- 3 Select the student's school from the drop down list.

Then, select the student's grade from the drop down list.

- 4 Enter the student's **home** address into the **Street Address, City, State, Zip Code** fields

1

First Name *

Last Name *

Phone *

Email *

2

Student or Staff *

3

School *

Current Grade

4

Street Address

City

State

Zip Code

Populating the Self-Reporting Test Results Form



5 Enter the student's date of birth

5

Date of Birth

Month *

Day *

Year (4-digit) *

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6 Additional contact information for guardians is required. (Adult students can enter their own information.)

A **Guardian's Full Name** – provide the name of the adult submitting the form on behalf of the student

B **Guardian's Relationship** – choose from the drop-down list the relationship to the student

C **Guardian's Phone** – provide the individual's phone number

D **Guardian's Email** – provide the individual's email address

6

Guardian Info

A **Guardian's Full Name**

B **Guardian's Relationship**

C **Guardian's Phone**

D **Guardian's Email**

Populating the Self-Reporting Test Results Form



- 7 Indicate whether the test result is **Positive** or **Negative**

Add the **Result Date**
- 8 Specify the Test Type: **PCR** or **Rapid Antigen Test**
- 9 Click the checkbox
- 10 You **must** attach proof of test result (a photo or PDF) by either clicking inside the dotted box. (Note: you will need to save the attachment onto your computer or mobile device first to upload it.)
- 11 Once the form is completed with all the required information, click **Submit**.

Rapid Antigen is the type of test being distributed at schools for use.

7 Please input your test results here.

8 **Test Result ***

Result Date (You may use this date format "M/D/YYYY" or select from the calendar control.) *

8 **Test Type ***

9 I agree to share this information with the District and that a District representative may contact me. *

10 **Attestation documents**
Upload a photo or PDF of your Self-Attestation record.

11

COVID-19 Self Reporting Form Completion

The form has been successfully submitted once this success screen appears.



Select Language 
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Thank you!



Your Self-Test Attestation was submitted successfully.

You are welcome to keep a copy of this confirmation page for your records.

[Report additional test results.](#)

Click **Report Additional Test Results** to navigate back to the self-reporting submission form to enter in additional student results, if needed.