



If you have received a positive test result from an at-home COVID-19 antigen test, please fill out this form. Place your Cav's Card or state driver's license and positive test in the locations indicated below, then take a picture of the form and email to healthclinic@uvawise.edu.

First Name: _____

Last Name: _____

Date of Birth: ____/____/____ Cav's Card ID Number: _____

UVA Wise Email Address: _____@uvawise.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 may subject me to disciplinary action.

Signature: _____ Date: ____/____/____

**PLACE YOUR CAV'S 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 keep UVA Wise safe!**