Affix Label Here

You have met the eligibility criteria and were administered the BinaxNOW Rapid Antigen test for COVID-19.

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ am/pm

Testing Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The results of the test are **POSITIVE**. Additional PCR testing is required at this time.

According to current guidance, ***starting immediately, you must stay home.*** Please see the Self-Isolation Guide.

Continue to practice all other public health guidance such as frequent hand washing, social distancing, and the use of face coverings.

It is recommended that you send a copy of this form to your primary care provider and retain a copy for your own records.

A Case Investigator from the Division of Public Health ***will*** ***be contacting you within the next 24 hours*** to discuss your results and provide additional guidance.

If you have additional questions, or are experiencing new or worsening symptoms, please contact your primary care provider. If you do not have a primary care provider, please call **211** for additional resources.

If your symptoms worsen and you have a medical emergency call **911**. Tell them your symptoms and that you have tested positive for COVID-19.

For all other questions, please call **211**.

Additional Resources:

1. State of New Hampshire COVID-19 web site; www.nh.gov/COVID19
2. Centers for Disease Control; www.cdc.gov/coronavirus/2019-ncov
3. New Hampshire Medicaid COVID-19 Testing coverage; www.nheasy.nh.gov