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 **NEGATIVE**. Additional testing is ***not*** required at this time.

A negative test does not mean that you will not become infected at a future time. Continue to practice current public health guidance such as frequent hand washing, social distancing, and the use of face coverings. If you are sick, you should stay home until you feel better.

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

If you have additional questions, or begin to experience a new onset of symptoms, please contact your primary care provider. If you do not have a primary care provider please call **211** for additional resources.

If you develop symptoms 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