



Training Check-off Form for COVID-19 Test Administrators

Complete each item with initial and date completed. The training will be valid through the current school year.

Name: _____ Position: _____

Items to Complete	Links to materials and instructions	Initial/date completed
Watch training modules 1-4	Training Modules 1-4 (scroll down for modules)	
Complete online quiz	Training Quiz	
Review consent	COVID-19 testing consent (located on website)	
Review Received Consent forms tracking list	Sample form: Sample Received forms Tracking List Once Consent forms are received names will be entered on the list (shared document in googledocs)	
Review Testing and Reporting Spreadsheet. All tests, whether positive of negative, must be documented.	Sample Testing and Reporting Spreadsheet (shared document in googledocs) All tests, whether positive of negative, must be documented.	
Review SJISD process for positive test result	Process for positive COVID Rapid Antigen Test Results (located on website)	
Trainer observation of sample collection and BinaxNOW test (arrange with School Nurse)	Signature of trainer: _____	
Optional: Review instruction for use of BinaxNOW Ag Card	https://www.fda.gov/media/141570/download	(optional)

Signature of participant

Date