QUICK REFERENCE GUIDE Submitting Self Reported COVID-19 Test Results DCPS Students



Navigate to this link to locate the COVID-19 Self Reporting Form to input individual test result information.

Use the drop-down menu to <b>select a language</b> other than English.	Language	
1 Enter the test taker's information: <b>First</b>		•
Name, Last Name, Date of Birth, Phone, and Email.	GOVERNMENT OF THE DISTRICT OF COLUMBIA	
<b>Note:</b> If the test taker is under 18 years of age,	Please complete the form below to report COVID-19 test results.           Upon completion of the form, a member of DC Health may contact you.	
additional information will be required at the bottom of the page.	First Name Sarah	
	*Last Name Student	
2 Select " <b>Yes</b> " to indicate that this form is being completed by a DC Public Schools Student or Staff.	*Date of Birth Jan 1, 2011 *Phone 555-5555	
Then, select <b>Student</b> from the drop down.	test@test 2     test form being completed currently for a DC Public Schools student or staff?	
3 Select your school from the drop own list.	Yes  *Student or Staff Staff	* *
	School (NOTE: Your information will be shared with the selected school) H.D. Woodson HS	* *





5 Enter your home address into the Address field.

Once the location has been identified in Google Maps, the Street, City, State/Province, Postal Code and Country fields should auto-populate.

Address	
Q 540 55th St NE, Washington, DC 20019, USA	
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540 55th Street Northeast	
City	State/Province
Washington	DC
Postal Code	Country
20019	United States
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If the individual is under 18 years of age, additional information will be required.

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The following fields will appear on the form:

**Proxy Full Name** – provide the name of the adult submitting the form on behalf of the minor

**Proxy Relationship** – choose from the drop-down list the relationship to the minor

**Proxy Phone** – provide the individual's phone number

D	Proxy Email – provide the individual's
	email address

* Proxy Full Name	
Jane Parent	
* Proxy Relationship	
Parent/Caregiver	
* Proxy Phone	
555-555-5555	
* Proxy Email	
test@test.com	

Once the form is completed

with all the required information, click **Submit.** 



# **COVID-19 Self Reporting Form Completion**

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



