



COVID-19 :

Rapid antigenic self-testing system organized by the school

(students of legal age)

Declaration of participation

I, the undersigned*

Surname, Name _____

Telephone number _____

E-mail _____

Date of birth _____

Class attended _____

- commit myself, in the event of a positive result at school, to leave school as soon as possible
- commit myself, following a positive result, to follow the national instructions (see <https://covid19.public.lu/fr/testing.html>)
- commit myself, to communicate and share information and documents relating to quarantine or isolation for the student concerned via the online form ([link](#))

Important: A declaration of participation will be requested before each test carried out in class or before each distribution for tests carried out at home. If this is not the case, the student will not be able to participate in the scheme and no re-testing will take place.

Done at/in _____ the, _____

Signature _____

By submitting this form, you agree that your data may be processed in accordance with the above.

*Please complete all the information requested.