



## Cerritos College Employee Request for Antigen Test

Please submit this form at least one (1) business day prior to the requested date of appointment. Walk-in/same day appointments are based upon availability.

### Testing Hours

Monday-Friday 8:00 a.m. to 4:00 p.m.

#### 1. Employee Information

Employee Name: \_\_\_\_\_ Department: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

#### 2. Testing Information

Requested Date of Appointment: \_\_\_\_\_  
Requested Time of Appointment: \_\_\_\_\_

*Note: It is the employee's responsibility to request an appointment in accordance to the testing guidelines per the [Return to Campus Plan](#).*

#### 3. Eligibility

Antigen tests will be administered on a limited basis and is offered to employees who meet one of the following criteria. Please check all that apply:

- I am an employee who received as a close contact notice from Human Resources.
- I am an employee who tested positive within the last five (5) to ten (10) days.
- I am an employee who is feeling new symptoms during an on-campus shift.
- I am an employee who is returning from isolation.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### **For Human Resources Use Only**

Name of Test Monitor: \_\_\_\_\_  
Signature of Test Monitor: \_\_\_\_\_  
Date: \_\_\_\_\_

Time test was administered: \_\_\_\_\_  
Time results were confirmed: \_\_\_\_\_

**Test Results:**     Negative     Positive