



Vestal Central School District
201 Main Street
Vestal, NY 13850
www.vestal.k12.ny.us

Overview of the Test to Stay (TTS) Option

Who Qualifies for TTS?

Instead of missing school for five days, students and staff who have been exposed to COVID now have the *option* to “test to stay” provided that they meet the following criteria:

- The exposure took place in school.
- The individual does not have or develop COVID symptoms (i.e., they remain asymptomatic).
- The individual was not exposed to COVID in any other environment.

List of COVID Symptoms

- Fever over 100° F
- Shortness of breath/difficulty breathing
- Muscle or body aches
- New loss of taste or smell
- Congestion or runny nose
- Diarrhea
- Sore Throat
- Chills
- Fatigue
- Headache
- Cough

Do Students or Staff Have to Test?

No. They do not have to participate in TTS. Students or staff may choose to stay out of school for five days (where day “0” is the date of the most recent exposure). As long as they qualify according to the [district screening guidelines](#), they may return to school on **day six** without testing.

Screening Guidelines:

1. The student’s temperature is over 100°F.
2. A member of the student’s household is awaiting COVID-19 test results due to symptomatic conditions.
3. The student has tested positive for COVID-19 within the past 5 days, or is awaiting COVID-19 test results due to symptomatic conditions.
4. The student is experiencing any symptoms (new or worsening) that are not related to a chronic health condition and are consistent with symptoms of COVID-19.
5. The student is a close contact of a person who has tested positive for COVID-19 within the last 5 days.

How Does Test to Stay Work?

The school will provide students who are close contacts with a kit containing two at-home COVID tests. Close contacts should take the first test on the day after they are informed of their close contact. Assuming the test is negative, they can continue to come to school. They would then take their second test on day five (where day “0” is the date of exposure).

If, at any point, an individual tests positive, then the result should be reported to the school, and to the Broome or Tioga County Health Department. In that event, the individual would also isolate based on the procedures outlined in our [January 9 letter](#).

Students and staff participating in the TTS program may engage in instructional classroom activities only. [New York State Department of Health guidance](#) states that those participating in TTS “**must be quarantined outside of school instruction/academic periods.**” They further stipulate that students using TTS **must not participate in community activities or school-sponsored extracurricular activities including clubs, sports, arts/performance activities, etc.**

The parent or guardian of each student will complete a paper attestation form reporting the results to the school district after *each* test. We will send a copy home with the test kit. This document would require a student ID. This will be provided to you in an email. All test results will be treated as confidential health information.

Attestation Form for the Test-to-Stay Option

Student First Name: _____

Student Last Name: _____

School/Building: _____

Date of Exposure (Day 0): _____

First Test

(Given on Day 1 or later if the exposure occurred previously)

Date of First At-Home Test: _____

Result of First At-Home Test (Circle One)

- Positive

- Negative

I certify that the at-home test was administered according to the directions on the package insert and that, to the best of my knowledge, this result is accurate.

Signature of Parent or Guardian: _____ Date: _____

Name of Parent or Guardian: _____ Date: _____

Please return this form to the nurse's office.

Attestation Form for the Test-to-Stay Option

Student First Name: _____

Student Last Name: _____

School/Building: _____

Date of Exposure (Day 0): _____

Second Test (Given on Day 5)

Date of Second At-Home Test: _____

Result of Second At-Home Test (Circle One)

- Positive
- Negative

I certify that the at-home test was administered according to the directions on the package insert and that, to the best of my knowledge, this result is accurate.

Signature of Parent or Guardian: _____ Date: _____

Name of Parent or Guardian: _____ Date: _____