**Testing Attestation Form**

*I attest that this documentation is a true and accurate representation of my most recent test result, to the best of my knowledge, and that providing false information is punishable pursuant to Section 53a-157b of the Connecticut General Statutes by a fine of not more than $2,000 or imprisonment of not more than one year. I understand that I may be contacted and required to provide additional documentation of my test result for verification.*

Name:

Job Title:

Date of Birth:

Employee No.

Agency/Dept.

Email:

Cell Phone: Home Phone: Work Phone:

Testing Provider's Name:

Testing Provider’s Address:

Test Date:

**PLEASE NOTE: ONLY** state employees with a state Employee ID #, or others with specific direction (please see <https://portal.ct.gov/sevi>) can submit information to WellSpark. State contractors do not submit forms to WellSpark.

If you are a state employee with a state employee ID number, and you do not have access to a smartphone or computer, you can submit your information via email at [Statecovid@wellsparkhealth.com](mailto:Statecovid@wellsparkhealth.com) or fax to 860-678-5207 or 860-678-5229. **Please be sure to include a copy of your test results**. All others who do not have access to a smartphone or computer should consult with their supervisor or human resources department.

By submitting this form, I attest that I understand that the information submitted will be used to determine my compliance with my employer’s COVID-19 testing, vaccination and exemption requirements. I hereby authorize WellSpark Health, Inc., to share the submitted information with Human Resource representatives of my employer.

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