



# Self-Reporting Your Positive Case of COVID-19

*Please fill out this form if you were tested off-campus and have received a positive result for COVID-19. Please fill out this form if you were tested off-campus and have received a positive result for COVID-19.*

*Students please email your tests results to [pridestrong@uapb.edu](mailto:pridestrong@uapb.edu). Employees, please email your test results to [covid19@uapb.edu](mailto:covid19@uapb.edu).*

First name

Last name

Date of birth

Mobile Phone

Email

UAPB ID

Student

Staff

Faculty

Graduate assistant

Location of your COVID test

Date of COVID test

Date of test results

Have you been or do you plan to be on campus this semester?

Yes

No