Schools can customize the document below to help address frequently asked questions from teachers and staff about the COVID-19 testing program offered at their school.

Click the text highlighted in [yellow] to tailor your messaging. The header and footer can also be customized by double-clicking in the area and changing shape colors.

—Delete this box when ready to proceed —

**Dear Teachers and Staff,**

We know that last year was tough, but we’re excited to get back in the classroom this fall. We are committed to taking the steps necessary to help us have a safe return to school. As part of steps to help stop the spread of COVID-19 and keep our school open for in-person learning, we will offer a **free COVID-19 Testing Program for students and staff at [school name]**. Regular testing will help protect you, our students, family members, and others who are not vaccinated against COVID-19 or are otherwise at risk for getting seriously sick from COVID-19.

Through this program, we will be able to identify COVID-19 cases quickly and early, which can help us stop an outbreak before it happens. This will help us keep students in the classroom and able to take part in the school activities they love.

We are working with our [state/local] health department and are joining other school districts throughout the state that offer this program.

* **Who will be tested?** We will offer testing to everyone—all students and staff—even if they don’t have symptoms of COVID-19.
  + [If applicable] Testing is also available for students and staff who have [symptoms of COVID-19](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html), even if vaccinated, or who have been in close contact with someone with COVID-19.
* **How is the testing done?** The COVID-19 testing is free, quick, and easy. Members of our school staff will oversee testing with [either a NAAT/PCR or antigen] test, which includes:
  + [For nasal swabs] Gently swabbing the inner part of the lower nostril. This test is not painful. We do not use the longer swabsthat reach higher into the nose*.*
  + [For saliva tests:] A saliva sample.
* **Where and when is the testing done?** Our school’s testing site will be [in the auditorium / in the cafeteria / in the gymnasium] and will take place [weekly/regularly]. Results will be available within [test turnaround time].
* **How can I be sure that my information will be protected?** Sharing of information will only be done for public health purposes and in accordance with applicable law and policies protecting your privacy and the security of your data.

**This letter asks you to consent to:**

* **take part in regular, free testing as part of [school name] COVID-19 Testing Program, and**
* **[if applicable] get tested if you show symptoms consistent with COVID-19 or have been in close contact with a person with COVID-19 while at work.**

To learn more or register, please [visit link, call XXX-XXX-XXXX, email person@school.edu].

We are extremely grateful to you and all our committed staff and families who continue to show great flexibility and resilience as we work together to contain the spread of this virus. If you have questions regarding the COVID-19 Testing Program, please reach out to [your school nurse / administrator / contact].

Sincerely,

[School official]

[School contact information]

*CDC recommends everyone ages 5 years and older get a COVID-19 vaccine to help protect against COVID-19. COVID-19 vaccines are safe, effective, and free. Getting vaccinated prevents severe illness, hospitalizations, and death. Visit* [*vaccines.gov*](file:///C:\Users\alana.johnson\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\A6R5RDHI\vaccines.gov) *to find vaccination providers near you.*