



## COVID-19: Declaration of participation in the scheme of rapid antigen self-testing (adult pupil)

Starting on 19 April 2021, rapid antigen self-tests are to be added to the measures included in the Ministry of Education's health scheme in all public schools in the Grand Duchy.

People are to carry out the test on themselves, using a nasal swab (approx. 2 cm inserted in the nostril, until the cotton-wool end of the swab is no longer visible).

More information about using the self-testing kit is available **online at [www.edutesting.lu](http://www.edutesting.lu)**. The website also offers video clips explaining how to use the test, and an FAQ section in several languages.

### **Frequency of testing**

Every person in the school community will receive a first kit in order to carry out a test at home and become familiar with the self-test. All the **necessary explanations are set out in the flyer accompanying the self-testing kit**.

Thereafter, only those individuals who have handed in valid consent will receive **a self-testing kit at school**. **Self-testing is to be carried out once a week, at school**, under the supervision of the teaching staff.

### **Reporting of positive results**

Each school is to report **the positive and negative results on the day of testing** to both the Health Inspection (*Inspection sanitaire*) and the legal representatives of the adult pupil concerned.

In the event of a positive result at school,

- the person concerned will be immediately separated from the group and given an FFP2 mask to wear;
- the school will phone the pupil's legal representatives immediately so that they can collect their child as quickly as possible. While the pupil who has tested positive waits, individual supervision will be set up if possible. The person supervising the pupil is to wear an FFP2 mask;
- the school will contact the Health Inspection, which will adopt the necessary measures (which may include sending a prescription for a PCR test, *Stufepiang*, tracing, ordering a quarantine, etc.);
- if only part of the class has carried out a self-test, all the other pupils in the class will carry out a self-test.

In the event of a positive result at home, the adult pupil undertakes to notify immediately both the Health Inspection (website at <https://covidtracing.public.lu/covid> or hotline on 247-65533) and the school.

### **Consent**

To communicate their **agreement or disagreement** to participation in the scheme, adult pupils are asked to return to their class teacher (*régent*) the **declaration of participation overleaf, duly filled in and signed**.

**Consent may be withdrawn at any time, by notifying the class teacher in writing.**

---

*The statutory rules on the protection of personal data, including the entitlements of the individuals whose data is processed (right of access to the data, right to have data deleted, corrected, etc.) are applicable under the corresponding conditions and subject to the exceptions and waivers provided for.*

*If you have any questions about the processing of this information or wish to exercise your rights, you may (providing proof of your identity and if appropriate that of your minor child, by attaching to your request a legible, valid copy of your ID document and that of your minor child) contact the Controller (person responsible for data processing) or the Data Protection Officer at [dpo@men.lu](mailto:dpo@men.lu).*

COVID-19: **Declaration of participation** in the scheme of **rapid antigen self-testing**  
*(adult pupil)*

I the undersigned Mr / Ms\*

(Family name) \_\_\_\_\_

(First name) \_\_\_\_\_

(Registration no. (matricule) \_\_\_\_\_

(Address) \_\_\_\_\_

(Tel.) \_\_\_\_\_

(Name of school) \_\_\_\_\_

(Class) \_\_\_\_\_

**agree to participate** in the scheme of rapid antigen self-testing set out overleaf.

My consent means that **the result of each test and my personal data** (family name, first name, registration no., address and mobile phone no.) **will be sent to the Health Inspection;**

in the event of testing positive at school, I would like the school to contact:

Ms/Mr\*: \_\_\_\_\_

on mobile phone no.: \_\_\_\_\_

**refuse to participate in the scheme** described overleaf.

***By handing in this form, you agree to your personal data being processed in accordance with the foregoing..***

Done at (place) \_\_\_\_\_ on (date) \_\_\_\_\_

Signature \_\_\_\_\_

**To be returned to the class teacher as quickly as possible.**

\_\_\_\_\_  
\* Please circle the appropriate title