



# Maryland COVID Positive At-Home Test Report Portal

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January 10, 2022

[mdh.contacttracing@maryland.gov](mailto:mdh.contacttracing@maryland.gov)

# Residents can search for and locate the form from the Main OneStop Landing Page

## Welcome to the Maryland OneStop Portal

OneStop is the central hub for Maryland State licenses, forms, certificates, permits, applications, and registrations.

Search for licenses and permits...



### Professional

Browse professional licenses and permits for individuals.

[Browse](#)



### Organizational

Browse licenses and permits for business use.

[Browse](#)



### Personal

Browse licenses, permits, and certification for personal use.

[Browse](#)

# Residents can also use the direct link:

## [covidlink.maryland.gov/selfreport](https://covidlink.maryland.gov/selfreport)

### Maryland COVID Positive At-Home Test Report Portal / Portal de Maryland para Informar Un Resultado Positivo de Una Prueba COVID Hecha en Casa Details

last revised 01/07/22 at 2:32 pm

#### Maryland COVID Positive At-Home Test Report Portal / Portal de Maryland para Informar Un Resultado Positivo de Una Prueba COVID Hecha en Casa

Complete this form to report a positive COVID-19 at-home test result to the Maryland Department of Health if you are a Maryland resident.

Upon completion of the form, you will receive your MD COVID Alert verification code and isolation resources via text and a member of the contact tracing team may reach out to you. The phone number will come up on your caller ID as a 240-466-4488 or MD COVID.

*Results for tests conducted by a provider (for example, your doctor, pharmacy, or local health department) should not be reported using this form since they are already reported to the Maryland Department of Health.*

There is a very small chance that this test can give a positive result that is wrong (a false positive result). If you have no symptoms and no known exposure to COVID-19 please follow the isolation guidance provided after submitting the form and also seek additional testing from a healthcare provider or test facility.

[Show less](#)



**\$0.00**

Application Fee

# Residents must Login or Register on OneStop to proceed

## Login

You must login to complete this form

Email\*

Password\*

[Forgot Your Password?](#)

Log in

Don't have an account? [Register](#)

[Didn't receive confirmation instructions?](#)

## Register

First Name\*Last Name\*

Email\*

Password\*Confirm Password\*

Your password needs to:

☐ Not include your name, email address.

☐ Include at least one number or symbol.

☐ Include both lower and upper case characters (a-z).

☐ Be at least 8 characters long.

Register

Already have an account? [Log in](#)

# Instructions

Review the steps - **read carefully**

**01**



## **Create a OneStop account**

You will need to create an account in order to log into OneStop to complete this report form. If you have previously created an account for other Maryland state forms, you can log into your existing account. Otherwise, please click Register in the upper right corner and create an account.

**02**



## **Submit Self-Report Form (Positive Results Only)**

Once you are logged in, please complete the application by clicking the Apply Online button above. You will be asked to provide some basic contact information and details regarding your positive at-home COVID-19 test result.

# What Happens After Submission

**Read carefully**

**01**



## **Check Your Email Inbox**

Once you have submitted the form, you will receive a confirmation email from OneStop that includes your isolation guidance.

**02**



## **Look for a Text Message**

Once the Maryland Department of Health receives your report form, you will receive your MD COVID Alert verification code and isolation resources via text (if the positive test is for someone age 18+) and a member of the contact tracing team may reach out to you.

# Selection for English or Spanish

## Language / Idioma\*



Complete this form in English



Complete este formulario en español

Please complete the form below to report a positive COVID-19 at home test result if you are a Maryland resident. Upon completion of the form, a member of the contact tracing team may reach out to you. The phone number will come up on your caller ID as a 240-466-4488 or MD COVID. Please follow the isolation guidance provided after submitting the form.

There is a very small chance that this test can give a positive result that is wrong (a false positive result). If you have no symptoms and no known exposure to COVID-19 please follow the isolation guidance provided after submitting the form and also seek additional testing from a healthcare provider or test facility.

At this time, the state is only processing positive test results.

Please confirm that you or the person for whom you are submitting this form have received a positive at-home test result before completing this form.

## Confirmation of Positive Test Result\*



Click here to confirm / Haga clic aquí para confirmar

Submit

# Designed for self-report or surrogate reporting of at-home tests

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## Personal/Demographic Information

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**Are you submitting this form for yourself or on behalf of someone else?**

- ☐ I took the COVID-19 test myself / Hice la prueba de COVID-19 yo mismo
- ☐ I am submitting on behalf of someone else who took the COVID-19 test / Lo presento en nombre de otra persona que tomó la prueba COVID-19

# Demographic and Locating Information

Legal First Name

Legal Middle Name

Legal Last Name

Date of Birth

Gender

- ☐ Female / Mujer
- ☐ Male / Hombre
- ☐ Other / Otro
- ☐ Prefer not to answer / Prefiero no contestar

Race

- ☐ American Indian or Alaska Native / Indio Estadounidense o Nativo de Alaska
- ☐ Asian / Asiático
- ☐ Black or African American / Negro o Afroestadounidense
- ☐ Native Hawaiian or Pacific Islander / Nativo Hawaiana o Originario de Las Islas d
- ☐ White / Blanco
- ☐ Other / Otra
- ☐ Prefer not to answer / Prefiero no contestar

Ethnicity

- ☐ Hispanic / Hispano
- ☐ Non-Hispanic / No Hispano
- ☐ Prefer not to answer / Prefiero no contestar

Contact Information

Street Address

Apt, Suite, Unit, Building

City

State

Maryland

For MD residents only

Address County

Select one...

Zip Code

Mobile Phone

Home or Secondary Phone

Email Address

# Validations to Ensure Complete Data

Please submit your personal and demographic information below.

**Legal First Name**

Please enter a value

**Legal Middle Name**

**Legal Last Name**

Please enter a value

**Date of Birth**

Please enter a valid date

**Gender**

- ☐ Female / Mujer
- ☐ Male / Hombre
- ☐ Other / Otro
- ☐ Prefer not to answer / Prefiero no contestar

Please select an option

# Collects At-Home Test, Symptom Information and Consent to Report

## COVID At-Home Test Information

### Test Name

Select one...



### Date of Positive Test Result

MM/DD/YYYY



### Do you have symptoms?

☐ Yes

☐ No

**I agree to share the above information with the Maryland Department of Health and that a health department representative may contact me.**

☐ Yes / Sí

Click Submit to review isolation guidance.

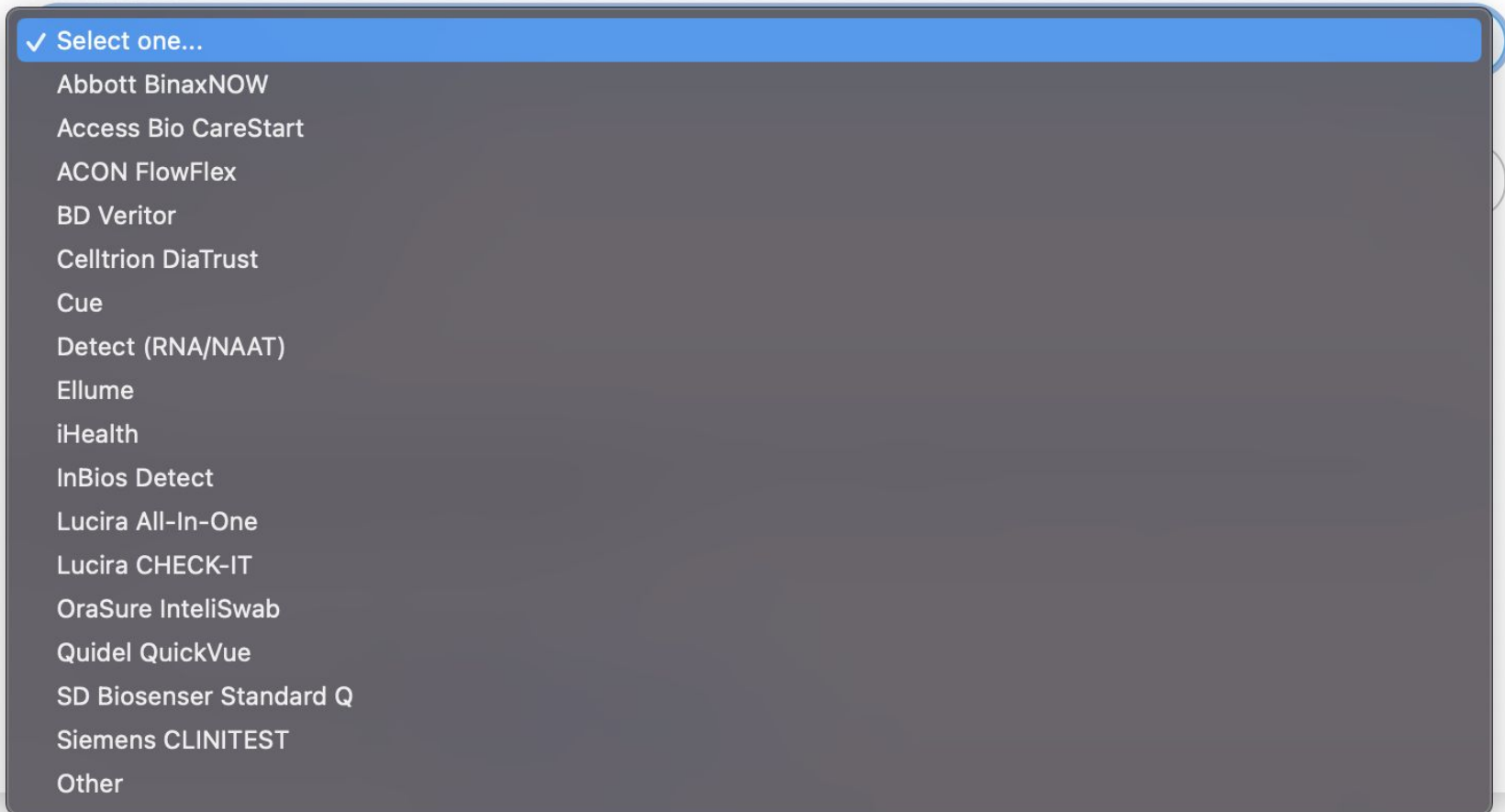
To view our privacy policy, visit <https://go.md.gov/cv/ct/pp>

# Provides expansive list of manufacturers and option to select and enter 'Other'

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## COVID At-Home Test Information

### Test Name



✓ Select one...

- Abbott BinaxNOW
- Access Bio CareStart
- ACON FlowFlex
- BD Veritor
- Celltrion DiaTrust
- Cue
- Detect (RNA/NAAT)
- Ellume
- iHealth
- InBios Detect
- Lucira All-In-One
- Lucira CHECK-IT
- OraSure InteliSwab
- Quidel QuickVue
- SD Biosensor Standard Q
- Siemens CLINITEST
- Other

# Includes validation to accept only recent at-home tests within the last 10 days

## COVID At-Home Test Information

### Test Name

Select one...



### Date of Positive Test Result

MM/DD/YYYY



< January 2022

SUN	MON	TUE	WED	THU	FRI	SAT
26	27	28	29	30	31	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	1	2	3	4	5

ation with the Maryland Department of Health and that a health  
contact me.

nce.

To view our privacy policy, visit <https://go.md.gov/cv/ct/pp>

# Confirmation / Follow-up Email



## Hello Maryland Resident

Hello *Maryland*,

The Maryland Department of Health has received the COVID Positive At-Home Test Self Report for *Maryland Resident*. You can review Maryland State Isolation Guidelines below or by logging into your OneStop dashboard.

**Thank you for taking the time to report your positive at-home test result to the Maryland Department of Health.**

All persons who test positive for COVID-19 should complete isolation as follows, even if they have received all recommended doses of the vaccine:

- Stay home for 5 days from the date symptoms started OR if they do not have symptoms, stay home for 5 days from the date of their positive test
  - Day 1 is the first full day after symptoms started OR the first full day after they tested positive if

Isolation means:

- you must stay home, except to get medical care
- you may not go to work, and you should tell your employer that you tested positive
- you should stay in a separate room from other household members and use a separate bathroom, if possible
- you should wear a mask if you have to be in a room with others

If you have any emergency warning signs for COVID-19, seek medical attention immediately. These include:

- trouble breathing
- persistent pain or pressure in the chest
- new confusion
- inability to wake or stay awake
- pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone
- severe abdominal pain

These are not all possible symptoms. Seek medical attention for any other symptoms that are severe or concerning. Call 911 if you have a medical emergency and tell the operator that you have COVID-19.

Please follow the isolation guidance provided above. This information will also be sent to your OneStop email address for future reference.

[View Submission](#)