

## COVID-19 TEST REPORT

NAME OF PATIENT: Mr. ABC DEF XYZ

ADDRESS: Sangli  
1234567890

GENDER: Male.

DOB: 2/2/1997

AGE: 21 - 30

DATE: 26/07/22

### COVID-19 TEST RESULT (Positive/negative):

Negative

Sr.no	SYMPTOMS	(YES/NO)
1	FEVER	
2	DRY COUGH	
3	TIREDNESS	
4	ACHES AND PAIN	
5	DIARRHOEA	
6	SORE TROUGHT	
7	CONJUCTIVITIES	
8	HEADACHE	
9	LOSS OF TASTE AND SMELL	
10	RASH ON SKIN	
11	DISCOLORATION OF FINGERS	
12	DIFFICULTY IN BREATHING	
13	CHEST PAIN	
14	LOSS OF SPEECH AND MOVEMENT	

### SAFETY MEASURES AND PRECAUTIONS

- 1] Clean your hands often. Use soap and water, or an alcohol-based hand rub.
- 2] Maintain a safe distance from anyone who is coughing or sneezing.
- 3]Wear a mask when physical distancing is not possible.
- 4] Do not touch your eyes, nose, or mouth.
- 5] Stay home if you feel unwell.
- 6] Keep up to date on the latest information from trusted sources, such as WHO or your local and national health authorities.