## **COVID-19 TEST REPORT**

NAME OF PATIENT: Mr. sadf wdsa asfgreh

GENDER: Male.

DOB: 01/01/2001 AGE: 11 - 20

DATE: 19/08/21

ADDRESS: sangli

1234567890

swarupdada2003@gmail.com

## **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	DISCOLOR	ATION OF FINGERS
12	DIFFICU	JLTY IN BREATHING
13		CHEST PAIN
14	LOSS OF SPEEC	H 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.