

COVID-19 TEST REPORT

NAME OF PATIENT: Mr. xyz pqr abc

GENDER: Male.

DOB: 01/01/2001

AGE: 11 - 20

DATE: 23/08/21

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 | 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.