



REPUBLIC OF KENYA

MINISTRY OF HEALTH

ATTESTATION OF COVID-19 TESTING

*This is to certify that _____
ID/Passport No _____ working at (specify the exact
place of work) _____ has been tested
and found negative for COVID-19 following laboratory tests conducted on
_____/_____/2020 at the _____ (indicate
laboratory facility).*

This attestation has been issued in accordance with Public Health Act CAP 242 Laws of Kenya and applicable rules and regulations for Prevention and suppression of infectious Diseases (Prevention, Control and Suppression of COVID-19) Rules, 2020 (section 7).

This attestation does not guarantee future infections and therefore you must observe the highest hygienic standards including regular handwashing and the use of a face mask at all times.

Issuing Officer

Official Stamp

Official Name: _____

Designation: _____

Signature: _____

Date: _____