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## **COVID-19 TEST RESULT**

## **CLIENT'S DATA**

Name:	
Age:	
Sex:	
Nationality:	
Phone Number:	
Address:	
SAMPLING METHOD AND DATE	
Date of Sampling:	
Time of Sampling:	
Sampling Type:	
Sampling Location:	
COVID-19 TEST RESULT	
Date of Result	
Generated By:	
Signed by:	
Validated by:	

**COMMENTS:** If Your test is Negative, continue to take steps to protect you and others from getting COVID-19. If Your test is Positive, stay home, isolate yourself from others (Self-isolation) for 14days and contact your healthcare provider.