

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.