



CONTOSO, LTD – EMPLOYEE COVID-19 PCR TESTING

SECTION 1: Employee Information

Emp ID:
Ex: 1234567

First name: Last name:

Title: Work Location:

Test Date:
Ex: MM-DD-YYYY

SECTION 2: Test Provider Information

(Must be completed by authorized COVID-19 testing provider)

Name of Testing Location:

- ☐ Contoso Pharmaceuticals
☐ Lamna Healthcare Company
☐ Adatum Corporation
☒ Other

Address of Testing Location:

Type of test performed:

- ☐ PCR ☒ Serology ☐ Rapid ☐ Other

☒ I certify that testing was performed at this location and the information on this form is correct to the best of my knowledge.

Employee Signature:

Date:
