



## CONTOSO, LTD – EMPLOYEE COVID-19 PCR TESTING

### SECTION 1: Employee Information

Emp ID:	<input type="text" value="246810"/>	
	<small>Ex: 1234567</small>	
First name:	<input type="text" value="Daniel"/>	Last name: <input type="text" value="Sebsibe"/>
Title:	<input type="text" value="Engineer"/>	Work Location: <input type="text" value="Seattle"/>
Test Date:	<input type="text" value="12/15/2021"/>	
	<small>Ex: MM-DD-YYYY</small>	

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### 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: