



CONTOSO, LTD – EMPLOYEE COVID-19 PCR TESTING

SECTION 1: Employee Information

Emp ID:	<input type="text" value="5798235"/> <small>Ex: 1234567</small>	
First name:	<input type="text" value="Eden"/>	Last name: <input type="text" value="Sisay"/>
Title:	<input type="text" value="Doctor"/>	Work Location: <input type="text" value="San Francisco"/>
Test Date:	<input type="text" value="8/5/2021"/> <small>Ex: MM-DD-YYYY</small>	

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:

Eden Sisay

Date:

8/5/2021