

Covid 19 Report

Personal Information

Name of Patient

fadi

Date of Birth

01 / 01 / 1980

Gender

Male

Email

alturjman@outlook.com

Blood Group

A-

Test Information

Reason for Testing

Travelling

Date of Test

19 / 05 / 2023

Type of Test

PCR

Symptoms

Vomitting

Result Information

Results

Positive

Doctor Remarks and Comments

Come in for vaccination

Doctor Name

Ibrahim Ame

Doctor Email

ame.ibrahim@yahoo.com