

Covid 19 Report

Personal Information

Name of Patient	Date of Birth	Gender
Jane Doe	14 / 02 / 1993	Female
Email	Blood Group	
janedoe@example.com	A-	

Test Information

Reason for Testing	Date of Test	Type of Test
Sick	02 / 05 / 2023	PCR
Symptoms		
Light		

Result Information

Results	
Negative	
Doctor Remarks and Comments	
Nope	
Doctor Name	Doctor Email
Ibrahim Ame	ame.ibrahim@yahoo.com