

Tuesday, 29th June 2021

Certificate of COVID-19 Testing

\$_{nomor_surat}

To whom it may concern

dr. M. Candra Wijanadi on the date states above have performed the Swab Antigen test, using sample obtained from the individual name below:

Name	\$_{nama}	Sampling Time :	1080912589018
Date of Birth	219074219057	Passport Number /ID Number :	109257190578
Gender		Nationality :	Aliquid aut ut labor

EXAMINATION RESULTS of COVID -19:

Test Name	Result	Ref. Range	Method
#	Negative	Negative	Swab Antigen Test
Type of test: Sample collection for the antigen test is in the form of a swab, which will better gather an individual's nasopharyngeal and oropharyngeal (nose and throat) secretions.			

RECOMENDATION:

Always wash hand using soap and water, wear mask when do activities outside

Do physical distancing, at least 1 meter from another person

Please contact hospital or any health care facilities if you have any symptoms

If the test result i

s

positive, kindly do PCR (polymerase chain reaction)

Bali, 29th June 2021

Attending Physician Name, Signature and Stamp

Attending Physician

A handwritten signature in black ink, appearing to read 'dr. M. Candra Wijanadi', with a long, sweeping horizontal stroke underneath.

dr. M. Candra Wijanadi