

INSERT DISTRICT LETTERHEAD HERE

COVID-19 Test Record

_____ had a COVID-19 test performed by the local health
(Print Patient Name)

department. Specific information about the test is documented below.

Date of test: _____

Result of test: Negative Positive

Type of test: Antigen Molecular (PCR) Other _____

(Printed Name of Test Administrator)

(Signature of Test Administrator)