FORM 1

Issue Date 01.08.21

Organisation Name:
Organisation Testing Address

Date	Employee Name	Health Practitioner Name	Health Practitioner Profession & APHRA Number	Type of Test	Test Result POS or NEG	Employee Signature	Health Practitioner Signature
01.08.21	Jill Black	Peter Brown	Nurse - 1234567896	Covid Antigen Test	NEG	J.Black	P.Brown
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IF THE RAPID TEST IS **POSITIVE** YOU WILL NEED TO GET A RT-PCR TEST TO CONFIRM THE RESULT.
YOU MUST CONTACT THE **NATIONAL CORONAVIRUS HELPLINE ON 1800 020 080** FOR FURTHER ADVICE

COVID-19 ANTIGEN SALIVA PEN TEST KIT TEST RESULTS INTERPRETATION













