

Annex D: Sample Medical Certificate

(TESTING CENTER LETTERHEAD)

SAMPLE MEDICAL CERTIFICATE

Name: _____
Age: _____

Birthdate: _____
Date Performed: _____

This is to certify that the abovementioned patient was tested for COVID-19 Rapid Antigen Test with the following details:

Test Method Used: Rapid Antigen Test

Specimen used (indicated if nasal, nasopharyngeal and/or oropharyngeal): _____

Rapid Antigen Test Kit Brand: _____

Date Performed: _____

Date of Result: _____

Result: _____

(Signature of Physician)
Name of Physician
PRC License No.