

[Covering of Lab Report]

To whom it may concern:

This laboratory/health institution,* _____
(name of laboratory or health institution), as a laboratory/health institution*
recognised or approved by the Government of _____
(name of the country) hereby certifies that the following named person has a
negative SARS-CoV-2 nucleic acid test (PCR). Details are as follows:

Name of person tested	
Passport / HKID No.	
Date and Time of Specimen Collection	
Test Conducted	SARS-CoV-2 nucleic acid test (PCR)
Results	Negative

Signature _____

Name of person-in-charge _____

Position of person-in-charge _____

* Delete as appropriate