COVID-19 INFORMATION

ALBERTA SELF-REPORT OF COVID-19 RAPID ANTIGEN TEST RESULT

Name of person tested

Date of test

Alberta health number

Date of birth

Person who conducted the test

Company which manufactured the test

Lot number or other identification number from test packaging

Sites swabbed (please check all which apply) □ left nostril □ right nostril □ other (please specify): __________________________

Place your test kit with the results clearly visible here and then take a picture of this printed document. Or else include a photo of your rapid test result when you bring this document with you to your doctor’s appointment.

I affirm that the information provided in this document is correct.

Name ___________________________ Relationship to person tested ___________________________

Signature ___________________________ Date ___________________________

alberta.ca/covid19

Adapted from original work by Dr. David Keegan, Dept. of Family Medicine, Cumming School of Medicine, University of Calgary, Dec. 2021, accessible at www.abcovid.ca.

Classification: Public