

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)	<input type="checkbox"/> left nostril <input type="checkbox"/> right nostril <input type="checkbox"/> 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

**This form is not valid proof of a recent test for purposes of the Restrictions Exemption Program.**

[alberta.ca/covid19](https://alberta.ca/covid19)

