







## **Attestation to a Negative COVID-19 Test**

I, the undersigned,	(first and last names),
hereby confirm that I was tested for coronavirus (SARS-CoV-2) o	n(date).
At the following testing center:	
Name of center:	
City:	
Check the statement that applies:	
<ul> <li>□ I attest that I have received a negative result.</li> <li>□ The testing center I visited only sends positive results; I w</li> <li>□ I was tested within the prescribed time period (48 to 72 still waiting for my test result.</li> </ul>	
Does not apply:	
☐ I had COVID-19 in the past three months; I am no longer	contagious.
Note that all people who had COVID-19 within the past three mo	nths are exempt from testing.
I hereby authorize the team responsible for controlling entry to o	obtain my test result.
Signature: Date:	<del></del>

