

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="radio"/> throat <input type="radio"/> left nostril <input type="radio"/> right nostril

Please place test kit showing results in this box.
(Put the test result right on top of this printed paper or in front of this image on your screen, then take a pic.)

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

Name

Relationship to person tested

Signature

Date