

**PRE-DEPARTURE TRAVEL MEMO
ON PCR COVID-19 TEST RESULT**

Date:

Name:

Passport Number:

The above individual was swabbed and tested for COVID-19 on [date and time of swabbed done] at [clinic or hospital name].

The patient has declared that he / she had no acute respiratory infection symptoms currently. In addition, he / she has no clinical signs suggestive of COVID-19 infection upon physical examination done on him / her.

Therefore, this memo serves to inform that the PCR COVID-19 test result is negative and he / she is therefore fit to travel. Please find attached the individual's certificate of having tested negative, for your reference.

Name & Signature of the Attending Doctor:

Medical Registration No.: