

Pharmacy stamp

Test used : ………………………………………………….

Batch number : …………………………………………….

Expiration date : ……………………………………………

Result report

Test date : …………………………………………………………………..……….

Patient’s name : …………………………………………………………………….

Date of birth : ………………………………………………………………………..

Health number : ……………………………………………………………………..

Postal code : …………………………………………………………………………

Phone number : ……………………………………………………………………..

Mr/Mrs

Today, you underwent an antigenic test for covid-19.

Depending on the result, please refer to the indications below.

* **THE RESULT IS NEGATIVE** : You have probably not been exposed to SARS-CoV-2.
* **THE RESULT IS POSITIVE**

**You must complete a self-isolated period** to break the chain of infection

* + You have symptoms: you must complete a 7-days isolation period. Your isolation period includes the day your symptoms started after the appearance of the first symptoms.
	+ You have no symptom: you must complete a 7-days isolation period. Your isolation period includes the day your test was taken.

***Whatever the result of my antigenic test, I must observe the key behaviours***