

ANTIGEN TEST RESULT CONFIRMATION

Name of Participant: _____ (please print)

Date Test was taken: _____ Time Test was completed: _____

Test Location:

- Davis Centre Malton Village Peel Manor Tall Pines Sheridan Villa
 Other _____

Test Results:

- Negative
 Positive **Note:** a PCR test is to be completed within 24 hours of taking the antigen test.

Signature of Clinical Staff: _____

Date: _____

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