

**Prevention and Control of Disease  
 (Compulsory Testing for Certain Persons) Regulation  
 (Cap. 599 sub. leg. J)**

**Compulsory Testing for RCHE and RCHD Staff**

**Testing Registration Form**

**Notes:**

- (1) This form shall be completed by the RCHE/RCHD and **kept by the RCHE/RCHD staff<sup>1</sup>**.
- (2) The RCHE/RCHD staff shall keep safe custody of this documentary proof and present it to the community testing centre/mobile specimen collection station/temporary testing centre on the day of testing for verification of identity. They will then be accorded priority to have their samples collected for the Specified Test and be exempted from paying the related testing expenses.
- (3) This documentary proof is valid for 2 months from the date of issue (the first and the last day inclusive).

**Particulars of the person undergoing the test (to be completed by the RCHE/RCHD and kept by RCHE/RCHD staff)**

Name of the RCHE/RCHD:	
Telephone no. of the RCHE/RCHD:	
LORCHE/LORCHD no.:	
Name of the person undergoing the test:	
Identity card no.:	
Date of issue :	20__(yy) ____(mm) ____(dd)

Stamp of the  
RCHE/RCHD

<sup>1</sup> Including persons employed by and on duty at the RCHE/RCHD or day service units attached to the premises of the RCHE/RCHD, and persons providing services to residents or users of the RCHE/RCHD through a hire-of-service contract with the RCHE/RCHD or day service units attached to the premises of the RCHE/RCHD (including full-time, part-time and relief staff).