

For filing by the RCHE/RCHD

Record of Compulsory Testing
for RCHE and RCHD Staff (Round)

(Page no. __)

Name of the RCHE/RCHD: _____

The following persons (including full-time, part-time and relief staff) who are employed by and on duty at the premises of the aforementioned RCHE/RCHD, or who provide services to residents of the RCHE/RCHD through a hire-of-service contract with the RCHE/RCHD have undergone the Specified Test as required under the Compulsory Testing Notice issued by the Secretary for Health on ____ (Day) ____ (Month) ____ (Year):

	Name	Post	Test Date	Test Result
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				