

Notes on Compulsory Testing for RCHE and RCHD Staff
 [updated version as at ____ (Day) ____ (Month) ____ (Year)]

Record of Distribution
 (page no. __)

For filing by the RCHE/RCHD

Name of the RCHE/RCHD: _____

This RCHE/RCHD has distributed the Notes on Compulsory Testing for RCHE and RCHD Staff [updated version as at ____ (Day) ____ (Month) ____ (Year)] to the following persons (including full-time, part-time and relief staff) who are employed by and on duty at the RCHE/RCHD premises, or who provide services to residents of the RCHE/RCHD through a hire-of-service contract with the RCHE/RCHD (Note):

	Date of Distribution	Name	Post	Signature
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Note: All RCHEs/RCHDs should be attentive to and ensure the distribution of the Notes on Compulsory Testing for RCHE and RCHD Staff to all staff (including newly employed staff/new hire-of-service contract staff).