

**Record of Compulsory Testing
 for RCHE and RCHD Staff (Round _____)**
 (Page no. _____)

For filing by the RCHE/RCHD

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 Food and Health on ____(Day)____(Month)____(Year):

	Name	Post	Test Date	Test Result
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