

FOR COVID POSITIVE PATIENT

Name:-

Employee Code:-

Designation:-

Department:- *MOBILE*

Test:- RAT RTPCR CB-NAAT

Reporting date:-

Address of Isolation

Home:-

Hospital:-

Hostel:-

Contact by CRH COVID Team:- Yes No

Vaccination:- Dose – I

Dose – II

Booster

I have been contacted by the CRH COVID Team and have been explained all about the guidelines. I will abide by the protocol and will join when deemed fit by the monitoring team / treating doctor.