To whom it may concern:

This laboratory/health institution,*  (name of laboratory or health institution), as a laboratory/health institution* recognised or approved by the Government of (name of the country) hereby certifies that the following named person has a **negative** SARS-CoV-2 nucleic acid test. Details are as follows:

**Name of person tested:**

**Passport / HKID No.:**

**Date and time of specimen collection:**

**Test conducted:** SARS-CoV-2 nucleic acid test

**Results:** Negative

Signature _______________

Name of person-in-charge _______________

Position of person-in-charge _______________

Organisation chop _______________

* Delete as appropriate