

**SAR-CoV-2 (COVID-19) Fit-to-Fly Certificate**

Legal Name: XXXXXXXX

Date of Birth: XXXXXXXX

Address: XXXXXXXX  
XXXXXXXX  
XXXXXXXX

Phone Number: XXXXXXXX Email Address: XXXXXXXX

Date of Screening: XXXXXXXX

The above-identified patient presented to our clinic/laboratory for medical screening related to their COVID-19 Fitness-to-Fly and Travel Abroad. They presented with the below pertinent negatives:

• Fever or Chills	• New Loss of Taste or Smell
• Cough	• Sore Throat
• Shortness of Breath or Difficulty Breathing	• Congestion or Runny Nose
• Fatigue	• Nausea or Vomiting
• Muscle or Body Ache	• Diarrhea
• Headache	

The above-identified denies direct or indirect contact with:

- Anyone who is known to have a laboratory-confirmed case of COVID  
OR
- Anyone who has symptoms consistent with COVID-19  
OR
- Are currently isolating or quarantining because of suspected COVID-19 exposure

The patient named above completed a COVID-19 RT PCR test administered by TNTestexpress in the State of Tennessee, United States of America, to detect the presence of SAR-CoV-2 RNA (COVID-19 / See attached independent laboratory results).

- Results: SAR-CoV-2 (COVID-19) NOT DETECTED / NEGATIVE
- Results: N/A

Impression:

- Based on all available information at the time of presentation, the above-identified patient does not have SAR-CoV-2 (COVID-19) and is Fit-to-Fly and Travel Abroad.

Physician Signature: XXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXX

