****

State Command Centre – Health

Citi Centre Building

11 Hindmarsh Sq

ADELAIDE SA 5000

**CERTIFICATE OF COMPLIANCE**

**COVID-19 TEST**

**DAY 12**

This is to certify that …...........................................

 *traveller*

Has received a COVID-19 swab on:

Day 12: ….../……/..…

Signature

Name:………………………………

Designation:……………………….

Date: ……/……/……

Testing Site:………………………..

 ****

State Command Centre – Health

Citi Centre Building

11 Hindmarsh Sq

ADELAIDE SA 5000

**CERTIFICATE OF COMPLIANCE**

**COVID-19 TEST**

**DAY 12**

This is to certify that …...........................................

 *traveller*

Has received a COVID-19 swab on:

Day 12: ….../……/..…

Signature

Name:………………………………

Designation:……………………….

Date: ……/……/……

Testing Site:………………………..