**CERTIFICATE OF RESULT OF ANTIGEN TEST FOR COVID-19**

**PERFORMED TO PROVE THE PRESENCE OF SARS-CoV-2 ANTIGEN**

I CONFIRM THAT

Name and surname:  **click here to enter the text**

the employee’s personal number: **click here to enter the text**

was tested for the presence of SARS-CoV-2 antigen on **click here to enter the text**

 with negative result.

In Ostrava on …………………………………………………….

Signature: ………………………………………………………………