

Date

## Confirmation of a negative test for SARS-CoV-2 coronavirus.

	My child	(name) in Grade	
		(date/time) for the presence of a	
	SARS-CoV-2 coronav	virus infection.	
	The test result was i		
	Date	Signature of Parent/Guardian	
HATIONAL ISB	<b>,</b>	f a negative test for SARS CoV 2 coronavirus	
	Commination o	f a negative test for SARS-CoV-2 coronavirus.	
	My child	(name) in Grade	
	was tested on	(date/time) for the presence of a	
	SARS-CoV-2 coronav	virus infection.	
	The test result was	negative, resulting in no evidence of infection.	
	Date	Signature of Parent/Guardian	
NATIONAL ISB			
	Confirmation of a negative test for SARS-CoV-2 coronavirus.		
	My child	(name) in Grade	
	was tested on	(date/time) for the presence of a	
	SARS-CoV-2 coronav	virus infection.	
The test result was negative, resulting in no evidence of infection.			

Signature of Parent/Guardian