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Kalamazoo, MI 49009
Phone: 269-353-3327
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Covid Testing Statement

Employee Name (print): _____

Testing Site: _____ Date of Test: _____

In compliance with Executive Orders from the Governor of the State of Michigan, I attest that I have completed a COVID-19 test at the site and date listed above. I agree to provide the results of the test to QCI Healthcare as soon as they are made available; albeit, some facilities may only provide positive (detected) COVID-19 test results, and therefore, negative test results may not be provided. By signing this form, I affirm that the information provided is true and accurate.

Employee Signature: _____ Date: _____

Testing Site Staff Signature: _____ Date: _____