



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:.....



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