



MMA COVID19 | DRAFT LETTER FOR EMPLOYEES
(PRACTITIONER'S LETTERHEAD)

To whom it may concern,

1. This is to certify that the patient, whose details are below, presented himself to me, Dr. _____ for examination at the date and time stated below.

Date:	
Time:	
Name:	
Nationality:	
NRIC/Passport No:	
Gender:	
Age:	
Address:	
Contact Number:	
Employer:	

2. The Covid-19 Antibody Rapid Test and the Reverse Transcription Polymerase Chain Reaction (RT-PCR) test was not performed on the patient.
3. Upon clinical examination, I certify to the best of my knowledge that the patient above does not exhibit symptoms or signs typically associated with Covid-19 such as fever, cough, difficulty breathing, sore throat, runny nose, nasal congestion, nausea, diarrhoea or chills.
4. The absence of any symptoms or signs in the above patient does not preclude the possibility of the patient being a carrier of Covid-19 (*asymptomatic carrier*) and caution should be exercised by all parties concerned.
5. The patient, if infected by Covid-19, may exhibit symptoms or signs of the disease at a later date and this letter is not a declaration that the patient above is free from Covid-19 and should not be construed as such.

Yours sincerely,

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The above draft for MMA .
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