

# PROOF of MTA - EMPLOYEE COVID-19 PCR TESTING

## **SECTION 1: Employee Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ BSC ID: \_\_\_\_\_  
(Ex: 1234567)

Title: \_\_\_\_\_ Work Location: \_\_\_\_\_  
\_\_\_\_\_

Date of PCR test: \_\_\_\_\_  
(Ex: MM/DD/YYYY)

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## **SECTION 2: PCR Certification Provider Information** (must be completed by authorized COVID-19 testing provider)

Name of testing location:    Bio-Reference        Northwell Health        Quest  
   Other \_\_\_\_\_

Address of testing location: \_\_\_\_\_  
\_\_\_\_\_

Type of test performed: **PCR Only**

To certify testing was performed at this location, please provide your Company licensing information or stamp to verify.



I certify that the information on this form is accurate.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Ex: MM/DD/YYYY)