Metropolitan Transportation Authority

PROOF of MTA - EMPLOYEE COVID-19 PCR TESTING

Scan to upload your PCR Test form

SECTION 1: Employee Information

BSC ID: _____
(Ex: 1234567)

First Name: _____ Last Name: _____

Title: _____ Work Location: _____

_____

Date of PCR test: _____
(Ex: MM-DD-YYYY)

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)