

AFFIDAVIT FOR COVID-19 TEST RESULTS

Full name:.....

Passport number:.....

Date of Birth: /...../

Home Address:.....

Local Address:

Cell phone number:

email 1:.....

email 2:

By signing this Affidavit I declare and affirm that **I am either awaiting the COVID19 swab result, or have received a POSITIVE DIAGNOSIS FOR COVID 19.**

I understand and agree that, according to the Argentine Ministry of Health COVID 19 guidelines, **it is my *obligation and responsibility to immediately self-isolate* at local address given above until I receive my swab results AND, in the event of a positive test result, to notify all persons with whom I have had close physical contact and to instruct them that they must self-isolate for 7 days from their last contact with me.**

I FURTHER DECLARE UNDER OATH:

- that the information provided herein is true and complete;
- that I understand that I must follow guidelines provided by the Argentine Ministry of Health regarding the activities in which I am permitted to engage concerning possible COVID 19 exposure;
- that only my doctor or competent health authority can interpret such guidelines;
- that I will comply with all the instructions given to me by my doctor or the competent health authority until such time as I have obtained medical discharge from such doctor or competent health authority explicitly releasing me from such restrictions;
- that I have received and understand specific written instructions regarding the Argentine Ministry of Health COVID 19 guidelines about the measures with which I must comply, including mandatory isolation at the local address given above, and **I agree to self-isolate at such address**;
- that I have been able to ask all the necessary questions and they were answered to my satisfaction;
- that I will adhere to the instructions given to me by health, police, and/or preventive personnel who appear at the local address given above, or who contact me by phone, in order to verify my compliance with mandatory self-isolation;
- that, in the event, personnel from LES Laboratory may have summarized for me, for my safety and convenience, the Argentine Ministry of Health COVID 19

guidelines, such advice does not in any way substitute, modify, or contradict the official requirements, restrictions on my activities, or other conduct to be followed. **LES Laboratories personnel will not, under any circumstances, modify official guidelines including approval of resuming work or other activities;**

- that it is my sole responsibility to obtain pertinent medical records and medical discharge from my General Practitioner before resuming my activities.

For any emergency call 107 or 2944-1545909 (Hospital Zonal de Bariloche).

To clarify interpretation of the test result, you may request that a Biochemical professional be contacted at **Telephone: 0294 4428834** or **Whatsapp: 294 4952295**.

I hereby sign in witness of the above information, in the city of San Carlos de Bariloche,

(Signature of the isolated person)

(Date: day/ month/ year)

(Clarification if minor: mother, father or guardian)