



Certificate Serial Number: 05-006-000001

SARS-CoV-2 MEDICAL CERTIFICATE FOR INTERNATIONAL TRAVEL

TO WHOM IT MAY CONCERN

In accordance with the Statutory Instruments No. 21 and No. 22 under the Public Health Act (Laws, Vol. 17, Cap 295) of the Government of the Republic of Zambia; I hereby certify that; (Traveler's Name).....(Sex)..... (Age).....holder of Passport No..... Citizen/Resident of (country).....Lab Number..... was tested for COVID-19 on (Date)...../...../..... and results were **NEGATIVE** for SARS-CoV-2 using RT-PCR/GeneXpert/Hologic Panther/Cobas 6800. I therefore certify him/her free from COVID-19. This medical certificate shall be valid for 14 days from the date when testing was performed.

Signature:.....
Name:.....
HPCZ No:.....
Station:

Official Date Stamp

Tick applicable below for the undersigned:

- Director, Zambia National Public Health Institute
- Director, Infectious Diseases
- National Coordinator, Laboratory Services
- Provincial Health Director
- District Health Director

Signature, Verifying Port Health Officer:.....
Name of Port Health Officer:.....

Official Date Stamp



Certificate Serial Number: 05-006-000001

SARS-CoV-2 MEDICAL CERTIFICATE FOR INTERNATIONAL TRAVEL

TO WHOM IT MAY CONCERN

In accordance with the Statutory Instruments No. 21 and No. 22 under the Public Health Act (Laws, Vol. 17, Cap 295) of the Government of the Republic of Zambia; I hereby certify that; (Traveler's Name).....(Sex)..... (Age).....holder of Passport No..... Citizen/Resident of (country).....Lab Number..... was tested for COVID-19 on (Date)...../...../..... and results were **NEGATIVE** for SARS-CoV-2 using RT-PCR/GeneXpert/Hologic Panther/Cobas 6800. I therefore certify him/her free from COVID-19. This medical certificate shall be valid for 14 days from the date when testing was performed.

Signature:.....
Name:.....
HPCZ No:.....
Station:

Official Date Stamp

Tick applicable below for the undersigned:

- Director, Zambia National Public Health Institute
- Director, Infectious Diseases
- National Coordinator, Laboratory Services
- Provincial Health Director
- District Health Director

Signature, Verifying Port Health Officer:.....
Name of Port Health Officer:.....

Official Date Stamp