

Exhibit C Form Test Result

C表-檢驗結果

State of Hawai'i
Certificate of Testing for COVID-19
夏威夷州新冠肺炎(COVID-19)檢測證明

Date of Issue _____
(發證日期)

Name _____
(姓氏) Family Name (名字) Frist Name (中間名) Middle Name

Nationality _____ Date of Birth _____ Passport No. _____
(國籍) (出生年/月/日) (護照號碼)

Address _____
(住址)

Scheduled Date and Time of Departure _____
(預計出發日期及時間)

This is to certify the following results which have been confirmed by RT-PCR test negative for COVID-19 conducted with the sample taken from the above mentioned person.

茲證明以上此人經RT-PCR採驗的新冠肺炎(COVID-19)病毒檢驗結果為陰性。

Sample 檢體取樣	Date and Time 日期及時間 (年/月/日/時)	Remarks 備註
<input type="checkbox"/> Nasopharyngeal Swab (鼻咽拭子)	Sample collected _____ (採樣時間)	
<input type="checkbox"/> Saliva (唾液)	Result determined _____ (結果判定時間)	

Institution _____
(醫療機構名稱)

Address _____
(地址)

Physician Name _____
(醫師姓名)

Signature and Date _____
簽章與日期(年/月/日)