Covid Test Nam

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Online Booking Available
www.covidtestnam.com

COVID-19 REQUEST FORM

DOCTOR'S INFORMATION

Referring Doctor: ____ Hospital/Ward: ____

Doctor's Prctice No.: ____ Copies to Doctor: ____ File No: ____

PART A: PATIENT DETAILS

First names (s): ____ Date of Birth: DD / MM / YYYY Cell: ____

Surname: ____ Gender: M / F Email: ____

Passport or ID No.: ____ Age: ____ Address: ____

PART B: GUARANTOR'S

Account to: ____

Collected by:: ____

Date: DD / MM / YYYY Time: ____

Cash: ____ Receipt No.: ____

Staff Signature: ____

PART C: PATIENT'S URGENT CONTACT

Contact person: ____

Tel: ____ Fax: ____

Cell: ____

Email: ____

Physical Address: ____

PART D: TRAVEL INFORMATION

Country of Origin: ____ Date of Departure: DD / MM / YYYY Time of Departure: ____

Destination: ____ Date of Return: DD / MM / YYYY Countries En route: ____

PART E: SARS -CoV-2 (COVID-19) Request

Test:

C19

- ◯ PCR SARS-CoV-2
- ◯ PCR SARS-CoV-2 IgG/IgM
- ◯ SARS-COV-2 Express
- ◯ SARS-COV-2 Super Express
- ◯ SARS-COV-2 Antigen (With Certificate)

Types of Specimen:

- ◯ Oropharyngeal Swab
- ◯ Nasopharyngeal Swab

Reason for Testing:

- ◯ General Screening
- ◯ Outbound Passenger

PART F: CLINICAL PRESENTATION

Date of onset of Symptoms:

DD / MM / YYYY

Symptoms (Tick applicable):

- ◯ Fever (38C)
- ◯ Short of breath
- ◯ Cough
- ◯ Nausea / Vomiting
- ◯ Chills
- ◯ Diarrhoea
- ◯ Sore Throat
- ◯ Other

Specify other: ....

....

DECLARATION

I hereby declare that am aware that Covid-19 is a notifiable disease and as such MOHSS will be informed of any results thereto. Covid Test Nambia will not take any responsibility for claims that may arise due to delayed results and/or false positive/false negative results. I understand that these can arise due to several factors including, but not limited to the viral load and quality of the sample.

Signature: .... **Date:** ....

OFFICIAL USE ONLY

BARCODE LABEL / OFFICIAL STAMP