Name Of First Minor						
Name	Second name	Last name				
my full name	my full name	my full name				
,	,					
m.ii.						
Telephone		ender: Friends				
(123) 456-7890		nenas				
First Birth Date of Minor						
Additional Information of	first of the Minor					
Passport#:						
(123) 456-7890						
Have you had any of the fo	ollowing symptoms	in the past 14 days?				
Fever:						
10,01.						
OYes						
● N ₀						
Cough (new onset or worsening of chronic						
cough) *						
Yes						
\mathbf{e}_{N_0}						
Throat pain						
Oyes						
●No						
Difficulty breathing (dyspnea)						
OYes						
● No						
NT de						
Nausea *						
Oyes						

Abdominal pain *
\circ_{Yes}
QN_0
Chills *
Ϋ́es
$ \mathbf{e}_{N_0} $
Headache
Yes
Muscle aches (myalgia)
Oyes
\P_{N_0}
Fatigue *
⊙Yes •No
4 40
Runny nose (rhinorrhea) *
\circ_{Yes}
\P_{N_0}
Vomiting
ΟYes
$ \mathbf{e}_{N_0} $
Diarrhea (3 loose stools / day) *
OYes ONo
Loss of smell *
Oyes
Loss of taste
\circ_{Yes}
\P_{N_0}

(123) 456-7890	
Date of onset of the first symptoms	
(123) 456-7890	
Lab test	
Test type: nasal swab (PCR) / antigen	1/SARS-COV-2
•	
landa, and a	
Select the test	
CANTÍGENO CANTÍGENO	
ORT-PCR	
PCR-24hrs	
PCR-24hrs	
PCR	
Address of the Minon	
Address of the Minor	
Address of the Minor	
Address of the Minor Address	Address2
	Address2 street address line number two
Address	
Address street address line number two	street address line number two
Address street address line number two Town	street address line number two Zip Code
Address street address line number two	street address line number two
Address street address line number two Town	street address line number two Zip Code
Address street address line number two Town full street address State / Province	Zip Code zip code or postal code Country
Address street address line number two Town full street address	Zip Code zip code or postal code
Address street address line number two Town full street address State / Province	Zip Code zip code or postal code Country
Address street address line number two Town full street address State / Province	Zip Code zip code or postal code Country
Address street address line number two Town full street address State / Province Alabama	Zip Code zip code or postal code Country
Address street address line number two Town full street address State / Province Alabama	Zip Code zip code or postal code Country
Address street address line number two Town full street address State / Province Alabama Signature	Zip Code zip code or postal code Country
Address street address line number two Town full street address State / Province Alabama	Zip Code zip code or postal code Country

Email address me@mydomain.com							
Parent Or Guardian Name							
Name	Second name		Last name				
my full name	my full name		my full name				
Telephone		Gender:					
(123) 456-7890		male					
Electronic signature acceptance							
	_						
By checking ts box, you agree that your electronic signature will be used in place of your handwritten							
signature. If this is not what you want, you have the right to ask to sign a paper copy instead. By checking							
this box, you warve this right Upon acceptance, you may request in writing that we send you a paper copy of							
the electronic record. You will not have to pay anything for such a copy, and you do not need any special software or hardware to view it. Your acceptance of electronic signature for any document will remain in							
effect until such time as you notify us in veriting that you no longer wish to use electronic signature. The							
revocation of your acceptance will not entall any penalty for you Your acceptance of electronic signature for							
any document will remain in effect until such time as you notify us in veriting that you no longer wish to use							
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