Family Rehab, Inc.
Inti Fernández, M.D.

PORTOFINO IV CENTER
901-A SW 87 AVE
MIAMI, FL 33174
TEL: 305-225-6266
FAX: 305-225-6296
INFO@FAMILYREHAB.US

Please read the following document carefully and sign:

a. I authorize this Covid-19 Test Center "Family Rehab / Communitel," to acquire a nasopharyngeal sample and to examine the sample for the detection of Covid-19 as required by public health agencies.

b. I authorize my results to be communicated to any government agency or as required by law. I also authorize the communication of my positive results to airlines and cruise ships as required by Miami-Dade County Government. This authorization is valid for a period of one (1) year from the day it was signed.

c. I understand that a positive result is an indication that I should quarantine, wear a mask or cover my face so as not to infect others

I understand that this laboratory is not acting as my physician, and does not replace the need for a physicians care when required. I also accept responsibility for my results and what they mean. I agree to obtain a medical consultation with my physician to clarify any concerns I have, to obtain care / treatment if my condition worsens. and. I understand that like other diagnostic procedures, there is a possibility of a false positive or false negative test for Covid-19

e. I understand that "Family Rehab and Communitel," are in no way responsible if the client / patient does not arrive on time for their flight / misses it or is quarantined upon arrival at their destination. I understand that the responsibility for choosing the type of proof necessary for my destiny is mine and mine alone.

f. I understand that "Family Rehab and Communitel," are in no way responsible if the client / patient does not arrive on time for their flight / misses it or is quarantined upon arrival at their destination. I understand that the responsibility to choose the type of test necessary for my destiny is mine and mine alone.

g. I understand and agree that "Family Rehab and Communitel" do not provide cancellations or refunds once the test has been administered.I, the patient / client, have been informed of the purpose of the test, the procedures, the possible benefits and risks. I have also received a copy of this consent. I have been given the opportunity to ask questions before signing. I accept this Covid-19 test voluntarily, for my personal, business or travel needs

Customer name

Jane

Name

Second name

Doe

Last name

3056911259

phone:

female

Gender:

Client's date of birth Client's date of birth

1992-05-12

Additional customer information

215424

Passport #

Fever

○Yes
◉ No

Cough (new onset or worsening of chronic cough) *

○ Yes
◉ No

Throat pain

○Yes
◉No

Difficulty breathing (dyspnea)

○ Yes
◉ No

Nausea *

○Yes
○No

Abdominal pain *

○ Yes
◉ No

Chills *

○Yes
◉No

Headache

○Yes
◉No

Muscle aches (myalgia)

○ Yes
◉ No

Fatigue *

○ Yes
◉ No

Runny nose (rhinorrhea) *

○ Yes
◉ No

Vomiting

○ Yes
◉ No

Diarrhea (3 loose stools / day) *

○ Yes
◉ No

Loss of smell *

○ Yes
◉ No

Loss of taste

○ Yes
◉ No

Other specify

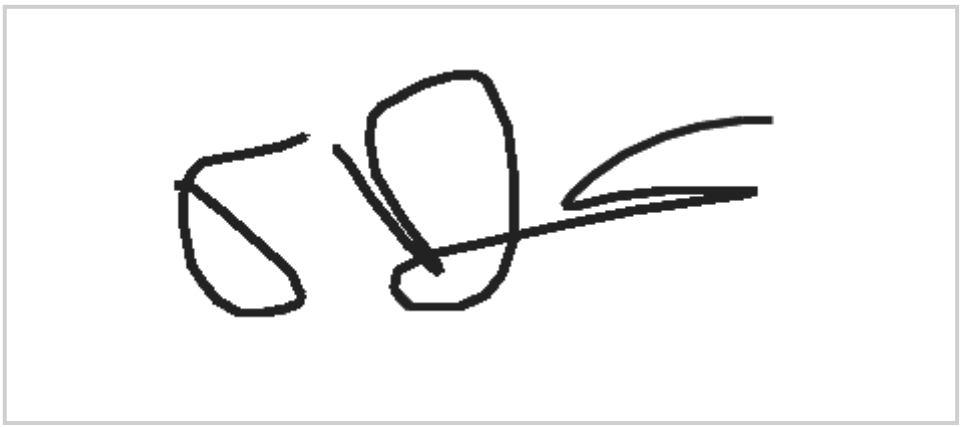
Date of onset of the first symptoms

Lab test

Test type: nasal swab (PCR) / antigen / SARS-COV-2

Select the test

○ profile.ANTÍGENO ANTÍGENO
○RT-PCR
○PCR-24hrs
○PCR-24hrs
◉PCR



Customer Signature

Customer Address

Address: **1112 Brickell Ave**

Address2: **Suite 1700**

Zip Code: **33131**

State / Province: **Florida**

Country: **United States**

Email address

vebajr@gmail.com

Email address

FLIGHT/CRUISE INFORMATION

American Airlines (AA)

Airline/CruiseLine*

Brazil

DestinationDestination

1542

Flight/Cruise #

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 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 electronic signature. The revocation of your acceptance will not entall any penalty for you