Name Of First Minor			
Name	Second name		Last name
minor	minor		my full name
Telephone		Gender:	
(123) 456-7890		Friends	
First Birth Date of Mi	inor		
Additional Information	on of first of the Min	or	
Passport#:			
(123) 456-7890			
Have you had any of t	the following sympto	oms in the nast	14 days?
Thave you had any or	me following sympto	ins in the past	14 days.
Fever:			
OYes			
● No			
Cough (new onset or worser	ning of chronic		
cough) *			
Yes			
● No			
Throat pain			
Tinoat pain			
Oyes			
N 0			
Difficulty breathing (dyspne	ea)		
	,		
OYes •No			
910			
Nausea *			
○Yes •No			
,-			

Abdominal pain *
\circ_{Yes}
QN_0
Chills *
Ϋ́es
$ \mathbf{e}_{N_0} $
Headache
Yes
Muscle aches (myalgia)
Oyes
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}

Other Specify	
(123) 456-7890	
Date of onset of the first symptoms	
(123) 456-7890	
Lab test	
Test type: nasal swab (PCR) / antigen /	SARS-COV-2
Select the test	
Select the test	
CANTÍGENO	
ORT-PCR	
PCR-24hrs	
PCR-24hrs	
PCR	
Address of the Minor	
Address of the Minor	
Address	Address2
street address line number one	street address line number two
Town	Zip Code
full street address	zip code or postal code
State / Duovin as	Country
State / Province Alabama	Country Afghanistan
Alabama	Algilatiistati
Signature	
Signature	
/ ~ 1	
////	
[
(Q)	
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Email address			
minor@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	accentance		
Dicetionic signature	acceptance		
Dry checking to have your course to	h at vocum ala atmania	ai amatuuna vyiilli laa	wood in along of worse hands witten
☐ By checking ts box, you agree the	•	_	÷ • •
signature. If this is not what you wa	-	_	a paper copy instead. By checking ting that we send you a paper copy of
the electronic record. You will not	<u> </u>	•	• • • • • • • • • • • • • • • • • • • •
software or hardware to view it. You			· · · · · · · · · · · · · · · · · · ·
effect until such time as you notify	-	_	•
, , , , , , , , , , , , , , , , , , , ,	•	•	acceptance of electronic signature for
· · · · · · · · · · · · · · · · · · ·	• •	•	eriting that you no longer wish to use
1 7	•	•	ny penalty for you Your acceptance
_	•		time as you notify us in veriting that
			acceptance will not entall any penalty
for you		<u>-</u>	