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 carefully read and sign the following Informed Consent:

a. I authorize this COVID-19 testing unit to conduct collection and testing for COVID-19 through a nasopharyngeal swab or blood draw, as ordered by an authorized medical provider or public health official.

b. I authorize my test results to be disclosed to the county, state, or to any other governmental entity as may be required by law. I also authorize the disclosure of my test results, in the case of a positive test result, to the airlines as required by the Miami-Dade Aviation Department. This authorization is valid for one (1) year from the date this authorization is signed. c. I acknowledge that a positive test result is an indication that I must self-isolate and/or wear a mask or face covering as directed in an effort to avoid infecting others.

d. I understand the testing unit is not acting as my medical provider, this testing does not replace treatment by my medical provider, and I assume complete and full responsibility to take appropriate action with regards to my test results. I agree I will seek medical advice, care and treatment from my medical provider if I have questions or concerns, or if my condition worsens.

e. I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result.

f. Customer understands and acknowledges that Family Rehab and Communitel are not responsible in any way if the customer misses, is quarantine and/or is late to their flight. It is the ultimate responsibility of the customer to determine and confirm with the airline and/or destination country regarding which type of test is required.

g. Customer understands and acknowledges that there shall be no cancellations and/or refunds given once the test is performed.

h. Customer understands and acknowledges that Family Rehab cannot guarantee that customers will receive their test results electronically due to possible spotty internet connections and email security protocols that may reject or send test results to a spam folder. Family Rehab highly recommends that each customer requests and obtains a printed copy of their test results. I, the undersigned, have been informed about the test purpose, procedures, possible benefits and risks, and I have received a copy of this Informed Consent. I have been given the opportunity to ask questions before I sign, and I have been told that I can ask additional questions at any time. I voluntarily agree to this testing for COVID-19.

## Customer name

**my full name**

Name

**my full name**

Second name

**my full name**

Last name

**(123) 456-7890**

Phone

male

Gender:

## Client's date of birth

2022-01-19

# Additional customer information

## (123) 456-7890

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

## (123) 456-7890

Other Specify

## (123) 456-7890

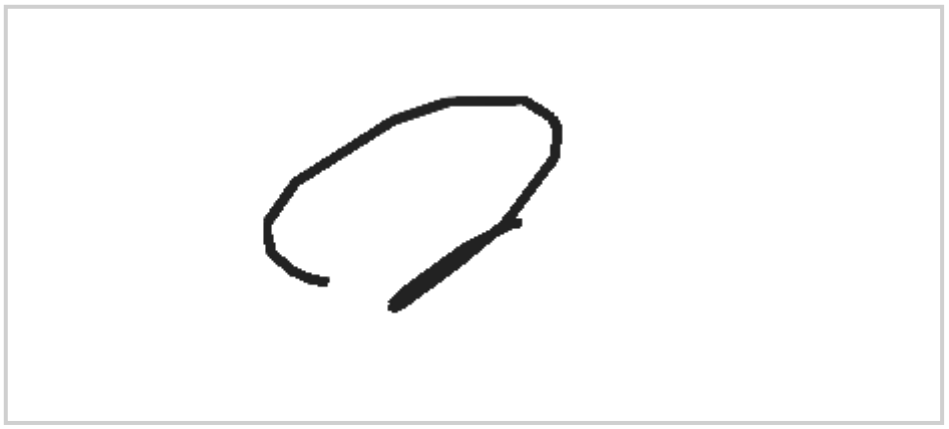
Date of onset of the first symptoms

**Lab test**

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

Select the test

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



**Customer Signature**

## Customer Address

Address: **full street address**

Address2: **street address line number two**

Zip Code: **zip code or postal code**

State / Province: **Alabama**

Country: **Afghanistan**

## Email Address

**me@mydomain.com**

Email

## FLIGHT/CRUISE INFORMATION

Air Lingus (EI)

Airline/CruiseLine*

**klsd**

Destination

**sd**

Flight/Cruise #

☑

**Electronic signature acceptance**