Customer name			
Name	Second name		Last name
my full name	my full name		my full name
my rail riame	my rain name		my rail riame
Telephone		Gender:	
(123) 456-7890		male	
01'41- 1-461-'-41-			
Client's date of birth			
2022-01-17			
Additional customer inform	nation		
Passport#:			
(123) 456-7890			
Have you had any of the fol	lowing sympton	ms in the nast 1	14 days?
Have you had any of the for	lowing sympton	ms m the past 1	i a uays.
Fever:			
OYes No			
410			
Cough (new onset or worsening of	chronic		
cough) *			
OYes ●No			
410			
Throat pain			
Oyes			
● No			
Difficulty breathing (dyspnea)			
Difficulty bleating (dysphea)			
Oyes			
N.Y. ut			
Nausea *			
Oyes			

Abdominal pain *
$\circ_{\!$
Chills *
\circ_{Yes}
$ \mathbf{Q}_{N_0} $
Headache
CYes
Muscle aches (myalgia)
Oyes
$ullet_{ m No}$
Fatigue *
\circ_{Yes}
Runny nose (rhinorrhea) *
OYes .
$ \mathbf{e}_{N_0} $
Vomiting
Ογes
$ ightharpoonup_{0}$
Diarrhea (3 loose stools / day) *
Yes
Loss of smell *
CYes
$ ightharpoons_0$
Loss of taste
Ϋ́es
$ ightharpoonup_{0}$

Other Specify	
(123) 456-7890	
Date of onset of the first symptoms	
(123) 456-7890	
T 1	
Lab test	
Test type: nasal swab (PCR) / antig	gen / SARS-COV-2
Select the test	
QANTÍGENO	
CRT-PCR	
PCR-24hrs	
PCR-24hrs	
PCR	
Customer Address	
Address	Address2
full street address	street address line number two
Town	Zip Code
full street address	zip code or postal code
State / Province	Country
Alabama	Afghanistan
Signature	

Email address	
me@sdd.com	

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. 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 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