Customer name			
Name	Second name		Last name
my full name	my full name		my full name
Tolombono		Gender:	
Telephone (123) 456-7890		male	
(123) 430-7690		male	
Client's date of birth			
2022 04 40			
2022-01-18	4.		
Additional customer inform	ation		
Passport#:			
(123) 456-7890			
TT	1	41	14.19
Have you had any of the fol	lowing sympton	ns in the past 1	14 days:
Fever:			
Oyes			
● No			
Cough (new onset or worsening of	chronic		
cough) *	cinome		
Oyes			
● No			
Throat pain			
Oyes			
● No			
Difficulty breathing (dyspnea)			
Yes			
● No			
Nausea *			
rausca			
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) *
CYes
$ \mathbf{e}_{N_0} $
Vomiting
Ογes
$ ightharpoonup_{0}$
Diarrhea (3 loose stools / day) *
CYes
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	
(120) 400 7000	
Lab test	
Lub test	
Test type: nasal swab (PCR) / antigen / SARS-CO	0V-2
Select the test	
Select the test	
ANTÍGENO	
QRT-PCR	
PCR-24hrs	
PCR-24hrs	
PCR	
Customer Address	
Customer Address	
	A ddwaea?
Address	Address2
	Address2 street address line number two
Address	
Address full street address	street address line number two
Address	street address line number two Zip Code
Address full street address Town	street address line number two
Address full street address Town full street address	street address line number two Zip Code
Address full street address Town	zip Code zip code or postal code Country
Address full street address Town full street address	zip Code zip code or postal code
Address full street address Town full street address State / Province Alabama	zip Code zip code or postal code Country
Address full street address Town full street address State / Province Alabama	zip Code zip code or postal code Country
Address full street address Town full street address State / Province	zip Code zip code or postal code Country
Address full street address Town full street address State / Province Alabama	zip Code zip code or postal code Country
Address full street address Town full street address State / Province Alabama	zip Code zip code or postal code Country
Address full street address Town full street address State / Province Alabama Signature	zip Code zip code or postal code Country
Address full street address Town full street address State / Province Alabama	zip Code zip code or postal code Country

Email address	
me@mydomain.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