

Name Of First Minor

Name

my full name

Second name

my full name

Last name

my full name

Telephone

(123) 456-7890

Gender:

Friends

First Birth Date of Minor

Additional Information of first of the Minor

Passport#:

(123) 456-7890

Have you had any of the following symptoms in the past 14 days?

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

(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

- ☐ ANTÍGENO
- ☐ RT-PCR
- ☐ PCR-24hrs
- ☐ PCR-24hrs
- ☐ PCR

Address of the Minor

Address

street address line number one

Address2

street address line number two

Town

full street address

Zip Code

zip code or postal code

State / Province

Alabama

Country

Afghanistan

Signature



Email address

me@mydomain.com

Parent Or Guardian Name

Name

my full name

Second name

my full name

Last name

my full name

Telephone

(123) 456-7890

Gender:

male

Electronic signature acceptance

☐ By checking this 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 waive 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 writing that you no longer wish to use electronic signature. The revocation of your acceptance will not entail any penalty for you. Your acceptance of electronic signature for any document will remain in effect until such time as you notify us in writing that you no longer wish to use electronic signature. The revocation of your acceptance will not entail any penalty for you. Your acceptance of electronic signature for any document will remain in effect until such time as you notify us in writing that you no longer wish to use electronic signature. The revocation of your acceptance will not entail any penalty for you.