| Customer name | | | |
|---|----------------|------------------|--------------|
| | | | |
| Name | Second name | | Last name |
| my full name | my full name | | my full name |
| | | | |
| T-11 | | Caralan | |
| Telephone (123) 456-7890 | | Gender: | |
| (123) 456-7690 | | maie | |
| Client's date of birth | | | |
| | | | |
| | | | |
| 2022-01-27 | | | |
| Additional customer inform | ation | | |
| | | | |
| Passport#: | | | |
| (123) 456-7890 | | | |
| | | | |
| Have you had any of the following | lowing sympton | ms in the past 1 | 14 days? |
| Fever: | | | |
| revei. | | | |
| Oyes | | | |
| ©N _O | | | |
| | | | |
| Cough (new onset or worsening of cough) * | chronic | | |
| cough) | | | |
| Oyes | | | |
| ©No | | | |
| | | | |
| Throat pain | | | |
| Oyes | | | |
| $ \mathfrak{N}_0 $ | | | |
| | | | |
| Difficulty breathing (dyspnea) | | | |
| Oyes | | | |
| ©No | | | |
| | | | |
| Nausea * | | | |
| CYes | | | |
| on es ones ones ones | | | |
| | | | |

| 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 | | |
| (120) 400 7000 | | |
| | | |
| Date of onset of the first symptoms | | |
| (123) 456-7890 | | |
| | | |
| Lab test | | |
| | | |
| | | |
| Test type: nasal swab (PCR) / antigen / SA | ARS-COV-2 | |
| Test type. Husur swam (1 ext) / untigen / sr | | |
| | | |
| Select the test | | |
| ANTÍGENO | | |
| 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 | \neg | |
| me@mydomain.com122 | | |
| | | |
| 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 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 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