Customer name			
Name	Second name		Last name
my full name	my full name		my full name
	,		ing territoria
Telephone		Gender:	
(123) 456-7890		male	
Client's date of birth			
2022-01-29			
Additional customer inform	ation		
Passport#:			
(123) 456-7890			
Have you had any of the fol	lowing symptor	ns in the past 1	14 days?
Fever:			
rever.			
Oyes			
	1 .		
Cough (new onset or worsening of cough) *	cnronic		
cough)			
Oyes			
● No			
Throat pain			
Timoat pam			
Oyes			
Difficulty broathing (dyannas)			
Difficulty breathing (dyspnea)			
Oyes			
Nausea *			
Oyes			
● No			

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	
Other Specify	
(123) 456-7890	
Date of onset of the first symptoms	
(123) 456-7890	
(123) 430-7030	
Lab test	
Lab test	
Test type: nasal swab (PCR) / a	ntigen / SARS-COV-2
Select the test	
ANTÍGENO	
ORT-PCR	
PCR-24hrs	
PCR-24hrs	
P CR	
Customer Address	
	4.11 - 2
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@mydomain.com	
Electronic signature acc	eptance

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