Name Of First Minor			
Name	Second name	Last name	
my full name	my full name	my full name	
,	,		
m.ii.			
Telephone	Gender: Friends		
(123) 456-7890		nenas	
First Birth Date of Minor			
Additional Information of	first of the Minor		
Passport#:			
(123) 456-7890			
Have you had any of the fo	ollowing symptoms	in the past 14 days?	
Fever:			
10,01.			
OYes			
● No			
Cough (new onset or worsening o	f chronic		
cough) *			
Yes			
\mathbf{e}_{N_0}			
Throat pain			
Oyes			
●No			
Difficulty breathing (dyspnea)			
OYes			
● No			
NT de			
Nausea *			
Oyes			

Abdominal pain *
\circ_{Yes}
QN_0
Chills *
Ϋ́es
$ \mathbf{e}_{N_0} $
Headache
Yes
Muscle aches (myalgia)
Oyes
Fatigue *
⊙Yes •No
4 40
Runny nose (rhinorrhea) *
\circ_{Yes}
\P_{N_0}
Vomiting
ΟYes
$ \mathbf{e}_{N_0} $
Diarrhea (3 loose stools / day) *
OYes ONo
Loss of smell *
Oyes
Loss of taste
\circ_{Yes}
\P_{N_0}

Other Specify	
Other Specify	
(123) 456-7890	
Date of onset of the first symptoms	
(123) 456-7890	
Lab test	
Lab test	
Test type: nasal swab (PCR) / antigen	/SARS-COV-2
Tost type: husur swam (1 Ozt) / untigen	
Select the test	
©ANTÍGENO	
ORT-PCR	
PCR-24hrs PCR-24hrs	
PCR-24IIIS	
4 CR	
Address of the Minor	
Address	Address2
street address line number one	street address line number two
Town	Zip Code
full street address	zip code or postal code
State / Province	Country
Alabama	Afghanistan
Signature	
Signature	
~	

Email address			
me@mydsdomain.com			
ine Smy acadimamicem			
Parent Or Guardian Name			
Name	Second name		Last name
my full name	my full name		my full name
			,
Telephone		Gender:	
(123) 456-7890		male	
Electronic signature	aggantanga		
Electronic signature	acceptance		
By checking ts box, you agree the	•	•	÷ • •
signature. If this is not what you wa	-		
		•	ting that we send you a paper copy of
the electronic record. You will not			· · · · · · · · · · · · · · · · · · ·
software or hardware to view it. Yo	<u>=</u>	_	•
effect until such time as you notify	•	•	
· · · · · · · · · · · · · · · · · · ·	• •	•	acceptance of electronic signature for
1 7	•	•	eriting that you no longer wish to use
_	•		ny penalty for you Your acceptance
			time as you notify us in veriting that
	c signature. The rev	vocation of your a	acceptance will not entall any penalty
for you			