

PORTOFINO IV CENTER 901-A SW 87 AVE MIAMI, FL 33174

TEL: 305-225-6266 FAX: 305-225-6296

INFO@FAMILYREHAB.US

Please read the following document carefully and sign:

- a. I authorize this Covid-19 Test Center "Family Rehab" to acquire a nasopharyngeal sample and to examine the sample for the detection of Covid-19 as required by public health agencies.
- b. I authorize my results to be communicated to any government agency or as required by law. I also authorize the communication of my positive results to airlines and cruise ships as required by Miami-Dade County Government. This authorization is valid for a period of one (1) year from the day it was signed.
- c. I understand that a positive result is an indication that I should quarantine, wear a mask or cover my face so as not to infect others
- profile.d. I understand that this laboratory is not acting as my physician, and does not replace the need for a physicians care when required. I also accept responsibility for my results and what they mean. I agree to obtain a medical consultation with my physician to clarify any concerns I have, to obtain care / treatment if my condition worsens. and. I understand that like other diagnostic procedures, there is a possibility of a false positive or false negative test for Covid-19
- e. I understand that "Family Rehab" are in no way responsible if the client / patient does not arrive on time for their flight / misses it or is quarantined upon arrival at their destination. I understand that the responsibility for choosing the type of proof necessary for my destiny is mine and mine alone.
- f. I understand that "Family Rehab" are in no way responsible if the client / patient does not arrive on time for their flight / misses it or is quarantined upon arrival at their destination. I understand that the responsibility to choose the type of test necessary for my destiny is mine and mine alone.

g. I understand and agree that "Family Rehab" do not provide cancellations or refunds once the test has been administered.I, the patient / client, have been informed of the purpose of the test, the procedures, the possible benefits and risks. I have also received a copy of this consent. I have been given the opportunity to ask questions before signing. I accept this Covid-19 test voluntarily, for my personal, business or travel needs

### Name of Minor

### my full name

Name

### my full name

Middle name

### my full name

Last name

(123) 456-7890

phone

male

Gender:

Client's date of birth

02-07-2022

Additional customer information

(123) 456-7	7890		
Passport #			
Fever:			
○ profile.yes ● No			
Cough (new o cough) *	onset or worsening of chron	nic	
○ Yes ● No			
Throat pain			
○Yes ●No			
Difficulty brea	athing (dyspnea)		
○ Yes • No			
Nausea *			
○Yes ○No			
Abdominal pa	in *		
○ Yes ● No			
Chills *			
○Yes ●No			
Headache			
OYes			
<b>⊚</b> 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	
(123) 456-7890	
Other specify Other Specify	
(123) 456-7890	
Date of onset of the symptoms	

#### Lab test

Test type: nasal swab (PCR) / antigen / SARS-COV-2

Select the testt

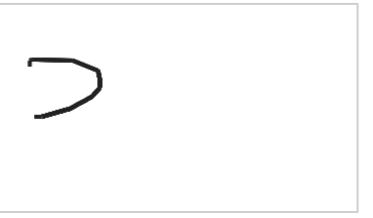
O ANTIGEN

**●**PCR

ORT-PCR

OPCR-24hrs

ORT-PCR 24hrs



### **Customer Signature**

#### **Customer Address**

Address: **full street address** 

Address2: street address line number two

Zip Code: **zip code or postal code** 

State / Province state name

Country United States

## **Email address**

# me@mydomain.com

Email address

## **Parent Or Guardian Name**

Name **my full name** 

Middle name **my full name** 

Last name **my full name** 

Telephone (123) 456-7890

Gender: male

### 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 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. The revocation of your acceptance will not entall any penalty for you