



Thien Nhan Da Nang Joint Stock Company

Address: 276-278 Dong Da Street, Thanh Binh Ward, Hai Chau District, Danang City

Tel: 0236 3 568 988 – 0236 3 828 489

VOLUNTARY REGISTRATION FOR COVID-19 TEST

Full name:.....

Gender:..... Date of birth:.....

ID No/ Passport No:..... Nationality:

Address:.....

Tel:.....Email:.....

	THE REASONS FOR TESTING	No	Yes
1	Direct contact with suspected cases, confirmed cases with Sars-CoV-2		
2	A case that determines Covid is being treated		
3	The patient with symptoms: shortness of breath, cough, fever, sore throat		
4	Medical staff has flu symptoms		
5	Medical staff contacts with respiratory infections		
6	The staff takes the Covid test		
7	Contact with repositive Covid case within 14 days		
8	Immigrant technical labor specialists work under 14 days		
9	Danang people work at other places		
10	Other objects		

I register Covid-19 Test at Thien Nhan Da Nang Hi-Medical Center according to method:

☐ IgM Test (Blood Test)

☐ Translation

☐ Realtime PCR Test

I undertake to voluntarily do Covid-19 Test in Thien Nhan Da Nang Hi-Medical Center. I think this will help to prevent the risk of spreading if I am personally infected Sar-CoV-2.

I voluntarily pay for this test.

I sign here that I have been provided with all the information I would like to know regarding the Covid Test.

Da Nang, Day.....Month..... 2021

Signature