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**