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**COVID-19 TESTING RESULT**

**BIODATA**

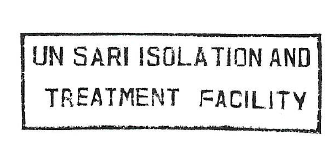
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | | | | | | | | | | |
| **Parent/legal guardian’s names** *(in case the patient is a child)***:** | | | |  | | | | | | | |
| **Date of birth:** | |  | | | | | | | | | |
| **Gender[[1]](#footnote-1):** | |  |  | | |  | |  |  |  |  |
| **EPID No:** | |  | | | | | | | | | |
| **Home telephone number:** | | |  | | | | | | | | |
| **Mobile phone number** *(include country code)***:** | | | | | | |  | | | | |
| **Residential address in Nigeria:** | | | | |  | | | | | | |

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| **METHOD** |  |
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| --- | --- |
| **Testing date** |  |
| **Testing time** |  |
| **Reporting date** |  |
| **Reporting time** |  |

**OFFICIAL USE ONLY**

|  |  |  |
| --- | --- | --- |
| **SPECIMEN TYPE** | | |
|  |  |  |
|  |  |  |
|  |  |  |



![A drawing of a face

Description automatically generated](data:image/jpeg;base64,/9j/4AAQSkZJRgABAQEAkACQAAD/4REGRXhpZgAATU0AKgAAAAgABAE7AAIAAAAUAAAISodpAAQAAAABAAAIXpydAAEAAAAoAAAQ1uocAAcAAAgMAAAAPgAAAAAc6gAAAAgAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAEJPWUlHQSBCb2RpbmdhIE51Z2EAAAWQAwACAAAAFAAAEKyQBAACAAAAFAAAEMCSkQACAAAAAzc5AACSkgACAAAAAzc5AADqHAAHAAAIDAAACKAAAAAAHOoAAAAIAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA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EVUtHwJDNicoIJChYXGBkaJSYnKCkqNDU2Nzg5OkNERUZHSElKU1RVVldYWVpjZGVmZ2hpanN0dXZ3eHl6g4SFhoeIiYqSk5SVlpeYmZqio6Slpqeoqaqys7S1tre4ubrCw8TFxsfIycrS09TV1tfY2drh4uPk5ebn6Onq8fLz9PX29/j5+v/EAB8BAAMBAQEBAQEBAQEAAAAAAAABAgMEBQYHCAkKC//EALURAAIBAgQEAwQHBQQEAAECdwABAgMRBAUhMQYSQVEHYXETIjKBCBRCkaGxwQkjM1LwFWJy0QoWJDThJfEXGBkaJicoKSo1Njc4OTpDREVGR0hJSlNUVVZXWFlaY2RlZmdoaWpzdHV2d3h5eoKDhIWGh4iJipKTlJWWl5iZmqKjpKWmp6ipqrKztLW2t7i5usLDxMXGx8jJytLT1NXW19jZ2uLj5OXm5+jp6vLz9PX29/j5+v/aAAwDAQACEQMRAD8A+kaKTNLQAUUUUAFFFFABRRRQAUUUUAFFFFABRRRQAUUUUAFFFFABRRRQAUUUUAFFFFABRRRQAUUUUAeG3P7Rqad4kvbHUfDwW2tLiSFmiuszfIxXJRlA5I6Zr0/wf470PxxYyXGg3DSGEL50UiFXiLZwD2PQ8gkcVbHhPQEnuZl0aw826JNw5t1JlJOTuyOeea89+E+nWq/EPx9qNlbJa24v1s4oYxtVdhbdhccZJB9PmOKAPS9c1VND0C+1SWJpUs4HmMaEAvtGcDPGTTdA1iPXtBtNTiiMK3Me7y2YMVPQjI4NYPxLlmbwZNYWY3XOoSLbRDdjJPzdfouPxrK+B9xE/wALbKCIoTbzzoxVgclpGkB/JxQB6JWbJrlrH4ig0X5jdzW73I+U7QiFVPPTOXXj3zVfxb4mtfCPha+1q9UslrEWWMHBlc8Kg9yxArlfhh4Su7Zbrxh4njZfEmu/vLiIqVFpFnKQqDyMALnPPAHbkA9EooooAKKKKACiiigAooooAKKKKACiiigAooooAKKKKAEz81ctqHw58O6hq1xqgt7myv7rHn3NhfTWzS4/vCNgCfcjPFdVR0oA80u/CGjRfEfQLC0tJJlt4pr66e5uJbhjtASLLSMSPmYkf7vSszwPf6d4F8deNvDl68djYW5XVrZmGESJlAf5jzwDEAPriun8IB9W8YeI/EcuPJM39nWhAxmOIkMfxb6V4z8XNU07xD47bWLWwmuNE0ieDTNWvIW4ucuWaNSPQBl3erL/ALJoA9O8L2uqfELxPH4u16NY/DtsxbQ9OkHzM3T7TIMdSCdvJxnjGMt6eKr2CwLp8AtNhtxGvlbAAu3HGMcYx6VYoAKKKKACiiigAooooAKKKKACiiigAooooAKKKKACiiigArM8Saqmh+GtQ1OTpa27yAerAcD8TitOvKvjN4rl0xtF0awhS8vLy5WUWZ/5bFW/dg8dN+D77fqQAZuoXt/ceGdF+HHhe4Ya1e24fVrmI5FhE3zTMzdmLPjGc89sgjv38BaIPAEvhO3tvJ054TGBncwYnPmbj1fd82fWq/w88CweC9Ifzn+16vfN5+o3z8vPKeSM9dozwPx7115GaAPMvgz4inbRJvB+uTH+3fD7tBMjKfmiDYQqx+8AMKPbb65Pp1eO/EezHgP4j6N8RbLcsFxMtjq8X8LIVwJPYhV/EonvXr8MyTwrLEyujgMrKQQwIyCCOtAD6KKKACiiigAooooAKKKKACiiigAooooAKKKKACiiorq5hs7WW4uZFihhQySOxwFUDJJ9gKAM3xN4k0/wpoc2qatJsgjwoVcbpGJwFUEjJJrgvhdZXHirVNR8e+I4Fa7upzDpsT/MLOBPlOz0JOQT3x71yGq6lq3xJ1yy1WCJraymnez8NxSZIlkGS92/oFVT+OAOhz7noelQ6Jodpp1v/q7aIID3Y9yfcnJ/GgDQHSiiigDJ8TaBa+KPDd9o9/8A6m7iKFgOUbqrD3DAEfSuA+Bus3sWhX3g7Xvk1Xw7OYGUnrET8uPUA5A/2dh716oRXk/iN/8AhG/2jPD2ogJFBr1jJYzMxCgupyDnuSfJX8qAPWaKKKACiiigAooooAKKKKACiiigAooooAKKKKAEJwpNeVeNdXvvG/jBvh/ob+XpcSB/EN+vWKM8+Sp6AsOv/wBY10nxH8Yz+FNFhj0qJbjWtSmFrp0DjKtISBk9OBkdxyRXMaB4cuLO0bwVbTNPcTEXfifVCwJd5RlogDyS44z2XnqaANjwVpVxqetya7c20dvpNlGbPw9boMbbfADTHvlscexPrXoA4pkMccMaxxKERAFVQMBQO1SdaACisbUdTvdHkEr2U9/Zu3zNaR75IPqnVl/3ckenes6f4keGIdqrqJnuHYqlrBA7zMQcHCBd3XvjFAHUk14z8QCnjf4zeF/D2lHzDocpvNQuEGRAN0bhCexPlqPqw9DXVard+OPFMBtNCsV8NWcrlXv75w9yE6EpCuQpPbLflWv4J8DaT4G0UWGkxs7tzcXcvMtw3952/kOgoA6YUUUUAFFFFABRRRQAUUUUAFFFFABSfjRR1NABQfrR3pM0AeLeLH8TXvx1hGm6IbiSyt44tMuLqF2tLcPhpblyMZI+aMDI5APXFeneGPD40DTXWa4N5f3MhmvLx12tPIe+OwAwoHYAVtYox70AKAMUtJRnBoAU88VCLSFZzMIkEpGC+0biPTNS5ozQABaWko3Y60ALmlozSZoAWikpaACijNFACZ5paKKACiiigD//2Q==)

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Migration Health Assessment Centre (MHAC)



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1. M=Male; F=Female; I = Indeterminate; N=Non-conforming; TF=Transgender female; TM=Transgender male; U=Unknown [↑](#footnote-ref-1)