



ADMINISTRATIVE OFFICES

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COVID TESTING REGISTRATION FORM

PLEASE PRINT CLEARLY

First Name: _____ Last Name: _____

Date of Birth: _____ Gender: Male Female

Street Address: _____

City: _____ State: _____ Zip Code: _____

Cell Number: _____ Home Number: _____

1. Race: Asian Asian Indian Black/African American American Indian/Alaska Native
 Other White
2. Ethnicity: Hispanic/Latino Not Hispanic/Latino
3. Have you been tested for COVID-19 before? YES NO
4. Are you currently symptomatic? YES NO If yes, Date Symptoms Started: _____

(Symptoms include: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea)

Females Only: Are you currently pregnant? YES NO

LMG – SML - TESTING FOR COVID-19

Today you are being tested for COVID-19 via a diagnostic test. By completing this form, you are stating that you consent to testing and agree to this waiver.

Diagnostic Test

A diagnostic test tells you if you have an active infection. This test is manufactured by Roche Laboratories and run on Roche Instrumentation. The RT-PCR specimen requirement is a nasopharyngeal swab. It looks for the genetic material of the coronavirus. The test uses a technology called PCR (polymerase chain reaction), which greatly amplifies the viral genetic material if it is present.

Receiving Test Results

- **Positive for COVID-19:** All Positive COVID-19 results will be communicated to the individual by an LMG Provider with further instructions.
- **Negative:** All Negative COVID-19 results will be communicated by text message to individual.

By completing this form, I agree that:

- I understand there are no guarantees about testing.
- There can be false positives and negatives.
- I understand that follow-up measures (such as self-isolation), symptom management, and possibility of being contagious will not be based on this test alone. These will be based on symptoms and possible exposure.