Antigen Testing Results

Facility Information

Total Number of People Tested: _____

Facility Name: _____ Facility Street Address: _____

City: _____ Zip: _____ Full Name of Contact Person at Facility: _____

Phone: _____ Other Phone: _____ Email: _____ Testing Date: _____

Provider Information, if available

Provider Full Name: _____

Provider Affiliation (if different from above): _____ Provider Phone: _____

REPORT INDIVIDUAL INFORMATION BELOW

Individual 1

Full Name: _____ Date of Birth: _____ Home Address:_____

City:_____ ZIP:_____ Phone _____ Other Phone _____ Sex: ☐ M ☐ F ☐ Unknown

Race: ☐ American Indian/Alaska Native ☐ Black/African American ☐ Asian ☐ Caucasian
☐ Hawaiian/Pacific Islander ☐ Other_____ ☐ Unknown

Ethnicity: Hispanic/Latino: ☐ Yes ☐ No ☐ Unknown Arab/Middle Eastern: ☐ Yes ☐ No ☐ Unknown

COVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea): ☐ Yes ☐ No ☐ Unknown

Comments (e.g., different test date):_____

Test Result: ☐Positive ☐Negative ☐Invalid ☐Unknown

Individual 2

Full Name: _____ Date of Birth: _____ Home Address:_____

City:_____ ZIP:_____ Phone _____ Other Phone _____ Sex: ☐ M ☐ F ☐ Unknown

Race: ☐ American Indian/Alaska Native ☐ Black/African American ☐ Asian ☐ Caucasian
☐ Hawaiian/Pacific Islander ☐ Other_____ ☐ Unknown

Ethnicity: Hispanic/Latino: ☐ Yes ☐ No ☐ Unknown Arab/Middle Eastern: ☐ Yes ☐ No ☐ Unknown

COVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea): ☐ Yes ☐ No ☐ Unknown

Comments (e.g., different test date):_____

Test Result: ☐Positive ☐Negative ☐Invalid ☐Unknown

Individual 3

Full Name: _____ Date of Birth: _____ Home Address:_____

City:_____ ZIP:_____ Phone _____ Other Phone _____ Sex: ☐ M ☐ F ☐ Unknown

Race: ☐ American Indian/Alaska Native ☐ Black/African American ☐ Asian ☐ Caucasian
☐ Hawaiian/Pacific Islander ☐ Other_____ ☐ Unknown

Ethnicity: Hispanic/Latino: ☐ Yes ☐ No ☐ Unknown Arab/Middle Eastern: ☐ Yes ☐ No ☐ Unknown

COVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea): ☐ Yes ☐ No ☐ Unknown

Comments (e.g., different test date):_____

Test Result: ☐Positive ☐Negative ☐Invalid ☐Unknown

Individual 4

Full Name: _____ Date of Birth: _____ Home Address:_____

City:_____ ZIP:_____ Phone _____ Other Phone _____ Sex: ☐ M ☐ F ☐ Unknown

Race: ☐ American Indian/Alaska Native ☐ Black/African American ☐ Asian ☐ Caucasian
☐ Hawaiian/Pacific Islander ☐ Other_____ ☐ Unknown

Ethnicity: Hispanic/Latino: ☐ Yes ☐ No ☐ Unknown Arab/Middle Eastern: ☐ Yes ☐ No ☐ Unknown

COVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea): ☐ Yes ☐ No ☐ Unknown

Comments (e.g., different test date):_____

Test Result: ☐Positive ☐Negative ☐Invalid ☐Unknown

Individual 5
Full Name: _____ Date of Birth: _____ Home Address:_____

City:_____ ZIP:_____ Phone _____ Other Phone _____ Sex: ☐ M ☐ F ☐ Unknown
Race: ☐ American Indian/Alaska Native ☐ Black/African American ☐ Asian ☐ Caucasian
☐ Hawaiian/Pacific Islander ☐ Other_____ ☐ Unknown
Ethnicity: Hispanic/Latino: ☐ Yes ☐ No ☐ Unknown Arab/Middle Eastern: ☐ Yes ☐ No ☐ Unknown
COVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea): ☐ Yes ☐ No ☐ Unknown

Comments (e.g., different test date):_____

Test Result: ☐Positive ☐Negative ☐Invalid ☐Unknown

Individual 6
Full Name: _____ Date of Birth: _____ Home Address:_____

City:_____ ZIP:_____ Phone _____ Other Phone _____ Sex: ☐ M ☐ F ☐ Unknown
Race: ☐ American Indian/Alaska Native ☐ Black/African American ☐ Asian ☐ Caucasian
☐ Hawaiian/Pacific Islander ☐ Other_____ ☐ Unknown
Ethnicity: Hispanic/Latino: ☐ Yes ☐ No ☐ Unknown Arab/Middle Eastern: ☐ Yes ☐ No ☐ Unknown
COVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea): ☐ Yes ☐ No ☐ Unknown

Comments (e.g., different test date):_____

Test Result: ☐Positive ☐Negative ☐Invalid ☐Unknown

Individual 7
Full Name: _____ Date of Birth: _____ Home Address:_____

City:_____ ZIP:_____ Phone _____ Other Phone _____ Sex: ☐ M ☐ F ☐ Unknown
Race: ☐ American Indian/Alaska Native ☐ Black/African American ☐ Asian ☐ Caucasian
☐ Hawaiian/Pacific Islander ☐ Other_____ ☐ Unknown
Ethnicity: Hispanic/Latino: ☐ Yes ☐ No ☐ Unknown Arab/Middle Eastern: ☐ Yes ☐ No ☐ Unknown
COVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea): ☐ Yes ☐ No ☐ Unknown

Comments (e.g., different test date):_____

Test Result: ☐Positive ☐Negative ☐Invalid ☐Unknown

Individual 8
Full Name: _____ Date of Birth: _____ Home Address:_____

City:_____ ZIP:_____ Phone _____ Other Phone _____ Sex: ☐ M ☐ F ☐ Unknown
Race: ☐ American Indian/Alaska Native ☐ Black/African American ☐ Asian ☐ Caucasian
☐ Hawaiian/Pacific Islander ☐ Other_____ ☐ Unknown
Ethnicity: Hispanic/Latino: ☐ Yes ☐ No ☐ Unknown Arab/Middle Eastern: ☐ Yes ☐ No ☐ Unknown
COVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea): ☐ Yes ☐ No ☐ Unknown

Comments (e.g., different test date):_____

Test Result: ☐Positive ☐Negative ☐Invalid ☐Unknown

Individual 9
Full Name: _____ Date of Birth: _____ Home Address:_____

City:_____ ZIP:_____ Phone _____ Other Phone _____ Sex: ☐ M ☐ F ☐ Unknown
Race: ☐ American Indian/Alaska Native ☐ Black/African American ☐ Asian ☐ Caucasian
☐ Hawaiian/Pacific Islander ☐ Other_____ ☐ Unknown
Ethnicity: Hispanic/Latino: ☐ Yes ☐ No ☐ Unknown Arab/Middle Eastern: ☐ Yes ☐ No ☐ Unknown
COVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea): ☐ Yes ☐ No ☐ Unknown

Comments (e.g., different test date):_____

Test Result: ☐Positive ☐Negative ☐Invalid ☐Unknown

Individual 10
Full Name: _____ Date of Birth: _____ Home Address:_____

City:_____ ZIP:_____ Phone _____ Other Phone _____ Sex: ☐ M ☐ F ☐ Unknown
Race: ☐ American Indian/Alaska Native ☐ Black/African American ☐ Asian ☐ Caucasian
☐ Hawaiian/Pacific Islander ☐ Other_____ ☐ Unknown
Ethnicity: Hispanic/Latino: ☐ Yes ☐ No ☐ Unknown Arab/Middle Eastern: ☐ Yes ☐ No ☐ Unknown
COVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea): ☐ Yes ☐ No ☐ Unknown

Comments (e.g., different test date):_____

Test Result: ☐Positive ☐Negative ☐Invalid ☐Unknown

Individual 11
Full Name: _____ Date of Birth: _____ Home Address:_____

City:_____ ZIP:_____ Phone _____ Other Phone _____ Sex: ☐ M ☐ F ☐ Unknown
Race: ☐ American Indian/Alaska Native ☐ Black/African American ☐ Asian ☐ Caucasian
☐ Hawaiian/Pacific Islander ☐ Other_____ ☐ Unknown
Ethnicity: Hispanic/Latino: ☐ Yes ☐ No ☐ Unknown Arab/Middle Eastern: ☐ Yes ☐ No ☐ Unknown
COVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea): ☐ Yes ☐ No ☐ Unknown

Comments (e.g., different test date):_____

Test Result: ☐Positive ☐Negative ☐Invalid ☐Unknown

Individual 12
Full Name: _____ Date of Birth: _____ Home Address:_____

City:_____ ZIP:_____ Phone _____ Other Phone _____ Sex: ☐ M ☐ F ☐ Unknown
Race: ☐ American Indian/Alaska Native ☐ Black/African American ☐ Asian ☐ Caucasian
☐ Hawaiian/Pacific Islander ☐ Other_____ ☐ Unknown
Ethnicity: Hispanic/Latino: ☐ Yes ☐ No ☐ Unknown Arab/Middle Eastern: ☐ Yes ☐ No ☐ Unknown
COVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea): ☐ Yes ☐ No ☐ Unknown

Comments (e.g., different test date):_____

Test Result: ☐Positive ☐Negative ☐Invalid ☐Unknown

Individual 13
Full Name: _____ Date of Birth: _____ Home Address:_____

City:_____ ZIP:_____ Phone _____ Other Phone _____ Sex: ☐ M ☐ F ☐ Unknown
Race: ☐ American Indian/Alaska Native ☐ Black/African American ☐ Asian ☐ Caucasian
☐ Hawaiian/Pacific Islander ☐ Other_____ ☐ Unknown
Ethnicity: Hispanic/Latino: ☐ Yes ☐ No ☐ Unknown Arab/Middle Eastern: ☐ Yes ☐ No ☐ Unknown
COVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea): ☐ Yes ☐ No ☐ Unknown

Comments (e.g., different test date):_____

Test Result: ☐Positive ☐Negative ☐Invalid ☐Unknown

Individual 14
Full Name: _____ Date of Birth: _____ Home Address:_____

City:_____ ZIP:_____ Phone _____ Other Phone _____ Sex: ☐ M ☐ F ☐ Unknown
Race: ☐ American Indian/Alaska Native ☐ Black/African American ☐ Asian ☐ Caucasian
☐ Hawaiian/Pacific Islander ☐ Other_____ ☐ Unknown
Ethnicity: Hispanic/Latino: ☐ Yes ☐ No ☐ Unknown Arab/Middle Eastern: ☐ Yes ☐ No ☐ Unknown
COVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea): ☐ Yes ☐ No ☐ Unknown

Comments (e.g., different test date):_____

Test Result: ☐Positive ☐Negative ☐Invalid ☐Unknown

Individual ____________
Full Name: ________________________________ Date of Birth: ___________ Home Address:________________________________

City:___________________ ZIP:__________ Phone _________________ Other Phone _____________ Sex: ☐ M ☐ F ☐ Unknown
Race: ☐ American Indian/Alaska Native ☐ Black/African American ☐ Asian ☐ Caucasian
☐ Hawaiian/Pacific Islander ☐ Other______________ ☐ Unknown
Ethnicity: Hispanic/Latino: ☐ Yes ☐ No ☐ Unknown Arab/Middle Eastern: ☐ Yes ☐ No ☐ Unknown
COVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea): ☐ Yes ☐ No ☐ Unknown

Comments (e.g., different test date):____
Test Result: ☐**Positive** ☐**Negative** ☐**Invalid** ☐**Unknown**

Individual ____________
Full Name: ________________________________ Date of Birth: ___________ Home Address:________________________________

City:___________________ ZIP:__________ Phone _________________ Other Phone _____________ Sex: ☐ M ☐ F ☐ Unknown
Race: ☐ American Indian/Alaska Native ☐ Black/African American ☐ Asian ☐ Caucasian
☐ Hawaiian/Pacific Islander ☐ Other______________ ☐ Unknown
Ethnicity: Hispanic/Latino: ☐ Yes ☐ No ☐ Unknown Arab/Middle Eastern: ☐ Yes ☐ No ☐ Unknown
COVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea): ☐ Yes ☐ No ☐ Unknown

Comments (e.g., different test date):____
Test Result: ☐**Positive** ☐**Negative** ☐**Invalid** ☐**Unknown**

Individual ____________
Full Name: ________________________________ Date of Birth: ___________ Home Address:________________________________

City:___________________ ZIP:__________ Phone _________________ Other Phone _____________ Sex: ☐ M ☐ F ☐ Unknown
Race: ☐ American Indian/Alaska Native ☐ Black/African American ☐ Asian ☐ Caucasian
☐ Hawaiian/Pacific Islander ☐ Other______________ ☐ Unknown
Ethnicity: Hispanic/Latino: ☐ Yes ☐ No ☐ Unknown Arab/Middle Eastern: ☐ Yes ☐ No ☐ Unknown
COVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea): ☐ Yes ☐ No ☐ Unknown

Comments (e.g., different test date):____
Test Result: ☐**Positive** ☐**Negative** ☐**Invalid** ☐**Unknown**

Individual ____________
Full Name: ________________________________ Date of Birth: ___________ Home Address:________________________________

City:___________________ ZIP:__________ Phone _________________ Other Phone _____________ Sex: ☐ M ☐ F ☐ Unknown
Race: ☐ American Indian/Alaska Native ☐ Black/African American ☐ Asian ☐ Caucasian
☐ Hawaiian/Pacific Islander ☐ Other______________ ☐ Unknown
Ethnicity: Hispanic/Latino: ☐ Yes ☐ No ☐ Unknown Arab/Middle Eastern: ☐ Yes ☐ No ☐ Unknown
COVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea): ☐ Yes ☐ No ☐ Unknown

Comments (e.g., different test date):____
Test Result: ☐**Positive** ☐**Negative** ☐**Invalid** ☐**Unknown**

Individual ____________
Full Name: ________________________________ Date of Birth: ___________ Home Address:________________________________

City:___________________ ZIP:__________ Phone _________________ Other Phone _____________ Sex: ☐ M ☐ F ☐ Unknown
Race: ☐ American Indian/Alaska Native ☐ Black/African American ☐ Asian ☐ Caucasian
☐ Hawaiian/Pacific Islander ☐ Other______________ ☐ Unknown
Ethnicity: Hispanic/Latino: ☐ Yes ☐ No ☐ Unknown Arab/Middle Eastern: ☐ Yes ☐ No ☐ Unknown
COVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea): ☐ Yes ☐ No ☐ Unknown

Comments (e.g., different test date):____
Test Result: ☐**Positive** ☐**Negative** ☐**Invalid** ☐**Unknown**

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