

Wyoming County Rapid Testing Site - Letchworth CSD

Last Name First Name Middle Date of Birth

*** If person being tested is a child under 18, we need a Parent/Guardian Signature**

* Parent/Guardian Printed Name: _____

* Parent/Guardian Signature: _____

**Consent for LCSD to screen my child for COVID-19.*

<u>Race:</u>	<u>Ethnicity:</u>	<u>Gender:</u>
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Male
<input type="checkbox"/> Asian	<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Female
<input type="checkbox"/> Black or African American		<input type="checkbox"/> Nonbinary/Other
<input type="checkbox"/> Native Hawaiian or Pacific Islander		
<input type="checkbox"/> White		

THE FOLLOWING INFORMATION IS TO BE COMPLETED FOR THE PERSON BEING TESTED

Address: _____
Street City Zip Code

Phone Number (This is the number we will use to call you with your test result): _____
XXX-XXX-XXXX

Phone Number is for (circle one): Self Parent Other: _____

Relationship to testing facility (circle one):
Elem. Student MS/HS Student Staff Subcontractor Parent Other: _____

Date you were last inside our school building?: _____ (MM/DD/YYYY)

Why are you requesting a rapid test:
 I currently have symptoms / I am a contact Date of Contact with Positive: _____

If you have symptoms, when did they begin? Date: _____ Time: _____ am/pm

If you have symptoms of COVID-19, please circle all that apply:
Fever Shortness of breath Headache Loss of smell or taste

List any other symptom you are experiencing: _____

Has the person receiving the test been fully vaccinated? (circle one): YES / NO

Booster Shot? (circle one): YES / NO

School/Employer: _____

School/Employer Address: _____
Street City Zip Code

School/Employer Phone Number (XXX-XXX-XXXX): _____ Occupation: _____

Date: _____ Result: _____ Administered by: _____