



**WARHAWK
HEALTH SERVICES**

Abbott Binax Now Rapid COVID-19 Testing

Please print legibly

Name:

*Nelson
ROSA*

(First Name/ Last Name)

Birthday:

1/4/1956

(Month/Day/Year)

Address:

10457 TREVISO PLACE, Montgomery, AL 36117

Street

City

State

Zip Code

Phone Number:

478-256-4277

(Results will be text to this number)

(Circle one)

Gender:

Male

Female

Affiliation:

Employee

Student

If student, do you live: On Campus Off Campus

Have you been exposed?

Yes

No

List symptoms if any:

SINUS HEADACHE

-----Staff Use Only-----

Result: (circle one)

POSITIVE

NEGATIVE

Staff Signature:

[Signature]

Office Stamp:

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STUDENT HEALTH CENTER
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P.O. BOX 244023
MONTGOMERY, AL 36124-4023