



**WARHAWK
HEALTH SERVICES**

Abbott Binax Now Rapid COVID-19 Testing

Please print legibly

Name: Aziza Williams Birthday: 09-06-79
(First Name/ Last Name) (Month/Day/Year)

Address: 800 Josephine Lane Montgomery AL 36117
Street City State Zip Code

Phone Number: 334 819-9959
(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: Headache body ache phlegm

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

Result: (circle one) POSITIVE NEGATIVE

Staff Signature: _____

Office Stamp:

AUBURN UNIVERSITY MONTGOMERY
STUDENT HEALTH CENTER
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MONTGOMERY, AL 36124-4023