



**WARHAWK
HEALTH SERVICES**

Abbott Binax Now Rapid COVID-19 Testing

Please print legibly

Name: Swab Dey Birthday: 11/26/1986
(First Name/ Last Name) (Month/Day/Year)

Address: 8731 Stoneridge Pl, Montgomery, AL, 36117
Street City State Zip Code

Phone Number: 424 999 2266
(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: Fever / A/c

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

Result: (circle one) POSITIVE NEGATIVE

Staff Signature: [Signature]

Office Stamp:

AUBURN UNIVERSITY MONTGOMERY
STUDENT HEALTH CENTER
IRMA B. MOORE HALL RM. 102
P.O. BOX 244023
MONTGOMERY, AL 36124-4023