

YOU MUST HAVE A BETH ISRAEL MEDICAL RECORD NUMBER TO BE TESTED. CALL IF YOU DO NOT HAVE ONE:

Patient Registration (617) 754-8240

Fill this form out. Place this form on your dashboard when done.

Write your *medical record number* here: _____ -- _____ -- _____

THIS IS NOT YOUR HEALTH INSURANCE NUMBER. Numbers from other hospitals (even Lahey) will not work.

What is your full name? _____ Birthdate: _____

This Patients cell phone number: _____

Check one:

- I have a vaccine series and a booster
- I had Pfizer or Moderna within the last 6 months or J&J within last 2 months
- I had Pfizer or Moderna more than 6 months ago and I am not boosted
- I am not vaccinated

What brings you in for a test? Please check what applies to you

- I am **TRAVELING**
- I was **EXPOSED*** to someone with COVID 19 on this date ____/____/2022
- I have **SYMPTOMS of COVID 19:** If so, what symptoms do you have? (Circle below)
Headache Sore throat Congestion Diarrhea Cough
Nausea/Vomiting Loss of smell/taste Shortness of breath/ difficulty breathing
Fever/Chills Body aches Chest pressure Fatigue

How long have you had these symptoms? _____ **days**

Major health problems: _____

- Other** please specify: _____

This is a PCR test.

Results take 24-48 hours. Results will come by text message to your cell phone. If you need a copy of your results, you can print it through the print PDF button through your test message link.

You will get a phone call if you are positive