apodoc HARDBRÜCKE

Covid-19 registration form, ApoDoc test centre

DETAILS OF THE PERSON TESTED

Last name:…………………………………… First name: ……………………………………………

Street: …………………………………….. Zip code/Town:………………………………………

Date of birth: …………………………….. Gender: ☐ M ☐ W ☐ other

E-mail:………………………………………. Phone number: ……………………………………

Health insurance company:……………………………. Insurance number: ………..…………………

INFORMED CONSENT
I have received information about the test that is to be carried out, about its cost and the meaning of its possible results. I was able to have any and all questions answered by a qualified professional in advance of the test. I have no other questions. With my signature here, I declare that I consent to having a sample taken by means of a nasopharyngeal swab, to the subsequent data processing, and to the Federal Office of Public Health (FOPH) being notified.

With my signature, I declare that all the data given on this form is correct and complete.

Place/date: …………………………… Signature of the person tested:……………………………..

Do you display any symptoms? (a temperature, coughing, sore throat, breathing difficulties)	☐ NO	☐ YES ➔	☐ for less than 4 days ☐ for 5 or more days
Has a person close to you tested positive?	☐ NO	☐ YES ➔	Last unprotected contact: ☐ less than 5 days ago ☐ 5 or more days ago
Did the SwissCovidApp advise you to get tested?	☐ NO	☐ YES	
Do you belong to an especially high-risk group? (high blood pressure, diabetes, heart disease, cancer, pregnancy etc.)	☐ NO	☐ YES	
Do you need the test for a journey abroad?	☐ NO	☐ YES ➔	☐ Test result in German ☐ Test result in English