Version 5

Community Health Center, Inc.

COVID Testing Registration

Section 1: All Patients Complete Section

By signing below, I acknowledge I have read and received a copy of CHC's Notice of Privacy Practices (NPP). I understand I may also review the NPP online at CHC's website at ***www.chc1.com****.*

Date:_____

☐ **I consent to being tested for COVID**

Mobile Phone #:_____

Signature:_____

Receive results Fast via Text!

SCAN ME

Open Camera App and Scan QR code to view CHC's Notice of Privacy Practices

If you'd like a paper copy, ask us today.

Patient First Name:_____ Patient Last Name:_____

Date of Birth (mm/dd/yy):_____ Home Phone:_____

Address: _____

City/State/Zip Code:_____

Email:_____

Section 2: New Patients ONLY Complete Sections 2 & 3

Sex ☐ Male ☐ Female ☐ Other

Race
☐ Black or African American
☐ American Indian or Alaska Native
☐ Asian ☐ White
☐ Native Hawaiian or Other Islander
☐ Declined ☐ Unspecified
☐ Other _____

Ethnicity
☐ Hispanic or Latino
☐ Non Hispanic or Latino
☐ Declined
☐ Unspecified
☐ Other _____

Section 3: Parent/Guardian Information

First Name:_____ Last Name:_____

Home Phone:_____ Email:_____

Date of Birth (mm/dd/yy):_____

Parent or Guardian Signature:_____