



COVID-19 Molecular Testing Requisition Form

Please fill out this form completely and legibly.

NAME

SURNAME

SEX

M F

DATE OF BIRTH

COUNTRY OF RESIDENCE

NATIONAL ID-NUMBER

PHONE NUMBER
(Optional)

E-MAIL ADDRESS

Test result will be sent to you by e-mail address you provided after all bills are payed.

REASON FOR TESTING

TRAVEL SEAMAN/SEAFARER OTHER:

SIGNATURE

Please do NOT write below this line. For staff use ONLY.

DATE COLLECTED

URGENT TESTING YES NO

SIGNATURE