



GENESEE AND ORLEANS COUNTY HEALTH DEPARTMENTS

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Paul A. Pettit, MSL
Public Health Director

Brenden A. Bedard, MPH
Deputy Director

Rapid COVID-19 Test Intake Form

Code: \_\_\_\_\_

PARTICIPANT INFORMATION: Please fill this entire section

Do you consent to being tested for COVID-19? YES NO

(If under 18 you must be accompanied by a parent/guardian to be tested.)

Name of primary parent/guardian associated with this test \_\_\_\_\_

County of residence: Genesee Orleans Other: \_\_\_\_\_

Last Name First Name

Date of Birth Contact Phone

Home Address Apt # City State Zip Code

Email

Employer and/or School Phone Number for Employer

Primary Care Provider (If you have one) Phone Number for Provider

Do you currently have any symptoms associated with COVID-19, even if mild? YES NO

Gender Male Female Unknown Other

RACE American Indian/Alaska Native Asian Black
Native Hawaiian/Pacific Islander White

ETHNICITY Hispanic Non-Hispanic

You will be notified of your results by phone within 3 hours of taking this test, as long as you answer your contact phone listed above. Within 48 hours, you will also receive a PDF email of these results, if you provided a valid email above. Please make sure all information on this form is either typed or written clearly.

Lab Result Information: Staff Use Only

\*\*\*this is not an official result notification form\*\*\*

Time Read: Result: Positive Negative w/ Symptoms Negative Invalid

Patient Informed of Result by Phone? YES NO NO, but left message informing of email

Test Type: Binax ID Now Exp. Lot# Date & Location: Initials: