|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **External Covid-19 Swab Booking Form** | | | | |
| Organisation requesting testing | |  | | |
| Central point of contact for requesting organisation | | Name |  | |
| Email |  | |
| Telephone |  | |
| Is the request for an employee or family member (Index case) | |  | | |
| Referral Ref Number | |  | | |
| Full name of employee / family member | |  | | |
| Date of birth | |  | | |
| Address | |  | | |
| Drive through or walk in | |  | | |
| If drive through please provide car details | | Model | |  |
| Registration | |  |
| Date symptoms started | |  | | |
| Job Title | |  | | |
| Staff group | |  | | |
| Single / Double swab requested | |  | | |
| Date application completed | |  | | |
| **Please note: Children must be supervised by an adult** | | | | |
| **Office use:** | **Slot allocated – date and time** | | | |

Please return completed form to:-

AdultsCommissioning@hartlepool.gov.uk