|  |
| --- |
| **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