



MBUSI COVID-19 DRIVE THRU TESTING FORM

Date:	COMPLETE FORM PRIOR TO TESTING MUST PRESENT BADGE AND ID		
Legal Name Below (Write Legibly)			
First Name	Middle Name	Last Name	
Street Address			
City	State	Zip Code	County
Date of Birth	Phone Number	E-mail Address (Optional)	
Last Day Worked	Badge Number	Supervisor	
Employer	Reason for Testing Today (Choose One)		
<input type="checkbox"/> MBUSI	<input type="checkbox"/> I have symptoms	<input type="checkbox"/> I am concerned	
<input type="checkbox"/> Onin	<input type="checkbox"/> Possibly exposed to someone with COVID-19 (Outside of Work)	<input type="checkbox"/> Requested to test by the COVID-19 Task Force	
(BELOW TO BE COMPLETED BY MEDICAL STAFF)			
*Sofia SARS Antigen FIA Results:			
<input type="checkbox"/> Positive	If positive , please quarantine immediately. You will be contacted by the COVID-19 Task Force at the phone number you provided.		
<input type="checkbox"/> Negative	If negative , you are cleared to return to work (unless you are currently quarantined due to a household member who tested positive).		
Date:	Tech Name:	Signature:	

COPY DRIVER'S LICENSE AND TEAM MEMBER BADGE (FOR TEAM MEMBER TESTING ONLY)