

BinaxNOW Antigen Testing Result Form

Facility Information (location where testing is completed)

Facility Name School Name- "Pilot Program"

Test Date _____

Provider Information (School Completes this Section)

Provider Name - No Longer Necessary

Provider Affiliation No Longer Necessary

Individual Participant Information:

Participant First Name _____

Last Name _____ **DOB** _____

Home Address _____ **City** _____

Zip _____ **Phone** _____

Sex: M F Race/Ethnicity:

Any COVID symptoms (e.g. fever, cough, shortness of breath, sore throat, vomiting, diarrhea)?

Yes No

Binax NOW Card Number (this is the lot code on the card's wrapper):

For Staff Conducting the Test: Test Result

Positive

Negative

Invalid

Unknown