

Consent form

I, _____ (print name), consent to having a Covid-19 throat and nose swab and I agree to provide the above information as part of this process.

Name:

Signature:

Date:

Please bring this form with you on the day of your first test with the details on the reverse fully completed in CAPITAL LETTERS.

First Name:	Surname:
Date of Birth:	Gender:
First line of address:	Post Code:
Ethnicity:	
NHS Number (if known):	
Email Address:	Phone Number: