Saskatchewan
**Health Authority**

# Humboldt Covid-19 Testing and Assessment Centre Registration Form: Mobile Testing

**Location:** ______________________________

## Patient Information:

❑ School______________________________ Staff ❑ Yes ❑ No ❑ Student – grade: ____

❑ Occupation______________________________ SHA Employee ❑ Yes ❑ No

Full Name (exactly as it appears on Health Card):

______________________/______________________/______________________
Last Name First Name Middle Name or Initial

______________________/______________________/______________________
Health Card Number Prov. Of Issue Expiry Date (if applicable)

Date of Birth: (DD/MMM/YYYY): ______________________ (ex. 01/JAN/1980)

Gender (as on Health Card): ❑ Male ❑ Female ❑ Other ❑ Unknown

Home Mailing Address: ______________________________________________

City: ______________________ Province: ______________ Postal Code: ______________

Living situation ❑ Private Dwelling ❑ Other (Please Specify) ______________________

Phone Number(s): ______________________ and/or ______________________
Home Cell

Are You Currently Symptomatic? ❑ Yes ❑ No Onset of Symptoms ______________________

Have you been in contact with someone who was COVID-19 Positive? ❑ Yes ❑ No

Name of COVID 19 Positive Close Contact ______________________

Are you linked to a current COVID-19 Outbreak, if so please list outbreak number: ______________________

## Contact Information (Next Of Kin):

______________________/______________________/______________________
Last Name First Name Relationship

Mailing Address: ______________________________________________

City: ______________________ Province: ______________ Postal Code: ______________

Phone Number: ______________________ or ______________________
Home Cell

**Family Physician (Saskatchewan residents only):**

______________________/______________/______________/______________
Full Name with Initials City Clinic Name Fax Number