



404 Indiana Avenue  
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**COVID TESTING BY RAPID ANTIGEN**

**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**ADDRESS:**  
\_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**RACE:**      WHITE      BLACK      ASIAN

**ETHNICITY:**      HISPANIC      NON-HISPANIC  
\_\_\_\_\_

*For office use only*

**RESULTS:**              POSITIVE              NEGATIVE

**Signature of tester:** \_\_\_\_\_