

COVID – 19 Rapid Antigen Testing FOR TRAVEL

Corner Drugs
430 N. 3rd Ave
Chatsworth GA 30705
706-695-0444

Date: _____

What is the purpose of this COVID test? Airplane Cruise Concert Other _____

First Name: _____ Last Name: _____

Birth Date: _____ Misc. Info _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone Number: _____ Sex: Male Female

Race: White American Indian Black Asian Pacific Islander Multiracial Other Unk.

Ethnicity: Hispanic Non-Hispanic Allergies _____

*By allowing us to test for COVID you are acknowledging that you understand we must share the results and your information to the Georgia Department of Health (DPH). The DPH may contact you for follow up.

Testing information: *To be completed by pharmacy personnel*

Name of test: Celltrion DiaTrust™ COVID-19 AG Rapid Test Collection Date: _____

Test Lot Number: CCOVGCCF1005 Expiration Date: 2022.10.06

Time Collected: _____ Time Read: _____ Payment collected: Yes No

Results: Positive Negative If positive, patient to self-isolate until: Per CDC Guidelines

Test administered by: Keith Coffey, RPh
 Jim Richards, RPh
 Abbey Flood, Pharmacy Intern
 Sierra Ridley, Pharmacy Intern