Sid's Pharmacy/Northwest Pharmacy

825 SE Bishop Blvd, Ste 301

Pullman, WA 99163

Phone (509)332-4608 Fax (509)332-3341

Covid Testing Consent Form

Name: _____ **Date of Birth**: _____

Address: _____

City: _____ **State**: _____ **Zip Code**: _____

Phone Number: _____ **Sex:** Male ☐ Female ☐ Non-Binary ☐ Unspecified/Indeterminate ☐

Email: _____

Make and Model of vehicle you will be arriving in: _____

Were you exposed to Covid-19: No ☐ Yes ☐ If yes, approximate date of exposure: _____

Is this test travel related? No ☐ Yes ☐ **Are you vaccinated against Covid-19**? No ☐ Yes ☐

What symptoms are you experiencing now? Please select all that apply.

Fever or Chills ☐ Cough ☐ Fatigue ☐ Muscle or Body aches (i.e., myalgia) ☐ Headache ☐ Diarrhea ☐

New loss of Taste or Smell ☐ Congestion/runny nose ☐ Sore throat/Hoarseness ☐ Nausea or Vomiting ☐

Shortness of Breath: Mild ☐ Moderate ☐ Severe ☐ **No Symptoms at this time ☐**

Insurance Information

Name of Insured: _____ Insured Member ID: _____

Primary Cardholder: _____ Date of Birth: _____

Primary Cardholder ID: _____

Patient/Parent Signature: _____ Date: _____

*Please note: Sid's Pharmacy reserves the right to refuse testing without valid insurance or payment at the time of service.