

Centro San Vicente COVID19 Testing

Pre-Registration Form

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

DOB: _____ Sex: F / M / Uknwn Marital Status: _____

SSN: _____ Language: Eng / Spa

Race: _____ Ethnicity: _____

Home Phone: _____ Cellphone: _____

Alt Phone: _____ Emergency Phone: _____

Emergency Contact Name: _____ Relation: _____

Email: _____

Release of Info: Y / M / N / I

Rx History: N / U / Y

Signature Date: _____