



825 SE Bishop Blvd, Ste 301
Pullman, WA 99163
Phone (509)332-4608 Fax (509)332-3341

Covid/Flu Testing Consent Form

Name: _____ Date of Birth: _____

Address: _____ 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 Have you been vaccinated for Covid-19? No Yes

What symptoms are you experiencing now? Please select all that apply. Date Symptoms Started: _____

- No Symptoms at this time
- Fever and/or Chills
- Cough
- Shortness of Breath Mild Moderate Severe
- Fatigue
- Myalgia
- Headache
- New loss of taste or smell
- Sore throat
- Congestion and/or runny nose
- Nausea or vomiting
- Diarrhea
- Other _____