

BinaxNOW Antigen Testing Result Form

Facility Information (location where testing is completed)

Facility Name Sturgis High School

Organization ID#: 75010

Building ID#: 04095

Address: 216 Vinewood Ave, Sturgis, MI 49091 **Phone:** 269-659-1543

Test Date: _____

Individual Participant Information:

First Name _____ **Last Name** _____

DOB _____ **Student ID#** _____

Home Address _____ **City** _____

Zip _____ **Phone** _____

Sex: M F **Race/Ethnicity:** _____

Any COVID symptoms (e.g. fever, cough, shortness of breath, sore throat, vomiting, diarrhea)?

YES **NO**

BinaxNOW Lot # _____

For Staff Conducting the Test: Test Result

Positive	Negative
Invalid	Unknown