## Curative COVID-19 Oral Swab Demographic Form

You will be notified by the Curative Testing Center via email with your results in approximately 3 – 5 days after the specimen is collected

Bring the completed form with you to the test site – please print legibly

\*\*\*Please do not eat or drink 20 minutes prior to your test

First Name	Last Name
Date of Birth (mm/dd/yyyy)	Sex
	□ Male □ Female □ Other
Phone Number	Email (required to receive test results)
Race	
White Black or African American American Indian or Alaska Native Asian Multi Racial Native Hawaiian or Pacific Islander Other Prefer not to share	
Ethnicity	
a Hispanic, or Spanish Origin	
Preferred Language	
□ English □ Spanish □ Other	
Street Address City	
State Zip Do yo	u have symptoms of COVID-19? If yes date of onset
□ Ye	s   No Date of Onset:
Are you a first responder or healthcare worker? Date of Collection (mm/dd/yyyy)	
∃ Yes ∃ No	