



Covid Test Results

Specimen Number

Name: _____ DOB: _____

_____ : _____ am pm
Date of Collection Time of Collection

Specimen Type:

- PCR
- Rapid Antigen
- Antibody

Specimen Source:

- Anterior Nasal Swab Other: Specify Below
- Nasopharyngeal
- Blood – Serum

Test Results:

Date: _____ Negative/Undetectable Positive/Detected

ICD-10 Code (if applicable):

- Z11.52 - Screening for Covid-19
- Z11.59 - Asymptomatic
- R05 - Cough
- R06.02 - SOB
- R50.9 - Fever, Unspecified

Staff Signature:
