



### COVID-19 TRAVELLERS FORM

National Diagnostic Laboratory  
Practice Number: 037 000 0576654

+264 81 599 9389  
402 Independence Avenue

Email: info@diagnolab.com.na  
Web: www.diagnolab.com.na

BARCODE LABEL

DOC NUMBER DL120 REV 1 TRAVELLERS FORM

Referring Doctor

Practice No:

Copies to Doctors:

#### SECTION A: PATIENT DETAILS

Patient's Surname

Patient's Name

Passport Number

Gender: M / F

Date Of Birth

#### SECTION B: GUARANTOR'S

ACCOUNT TO (compulsory)

Cash

Receipt No:

Collected by

Staff Signature:

Date

Time

#### URGENT CONTACT PERSON

Tel/Cell: ..... Email: .....

#### SARS -CoV-2 (COVID-19) Request

Test:

C19

PCR SARS-CoV-2

SARS-COV-2 Express

SARS-COV-2 Antigen

SARS-COV-2 Super Express

Types of Specimen:

Oropharyngeal Swab

Nasopharyngeal Swab

Reason for Testing:

General Screening

Outbound Passenger

Contact Tracing

Patient Physical Address

County:

Town:

Erf:

#### Travel History

Country

Date of Departure

Date of Return

#### Clinical Presentation

Date of onset of Symptoms

Symptoms (tick all that apply):

Disclaimer

Fever (38C)  Y  N

Short of breath  Y  N

Cough  Y  N

Nausea / Vomiting  Y  N

Chills  Y  N

Diarrhoea  Y  N

Sore Throat  Y  N

Other  Y  N

Specify .....

Client's Signature: .....

I am aware that Covid-19 is a notifiable disease and as such MOHSS will be informed of any results as needed.

Diagnolab will not take any responsibility for any claims that may arise due to delayed results and/or false positive/false negative results. These can arise due to several factors including, but not limited to the viral load and quality of the sample.