Central Pharmacy Day 2 PCR Test Declaration & Result Form UKAS: 22355

**Forename**:

**Surname**:

**Email Address**:

**Contact Number**:

**Nationality**:

**Ethnicity**:

**Gender**:

**Date of Birth**:

**NHS Number (If known)**:

**Passport Number**:

**COVID-19 Vaccination Type**:

**Date of 1st COVID-19 Vaccination**:

**Date of 2nd COVID-19 Vaccination**:

**Current Address (if address where you are self-isolating is different, please also state below):**

**Date of Arrival into England**:

**Time of Arrival into England**:

**Flight / Train / Vessel Number**:

**Destination travelled from**:

**International Travel Country Level**: **Green / Amber**

Have you transit through any Country / Territory that is NOT on the UK travel corridors list? **Yes**/**No**  
If the answer is Yes, please state the locations:   
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**For office use only**

Pharmacy Stamp & Reference

Batch no.:………………………………………………………………

Expiry Date:……………………………………………………………

RESULT  
Positive

Negative

Unclear Result

**Pharmacists Signature**:…………………………………….

**Sample Date and Time**:…………………………………….

**URN Number**:……………………………………………………