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**:

**Country of Vaccination:**

**Current Address:**

**Self-isolating / UK Address**

**Date of Arrival into England**:

**Time of Arrival into England**:

**Flight / Train / Vessel Number**:

**Destination travelled from**:

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**
**Exemption: Fully vaccinated / Age**
**Proof of vaccination status seen: Yes / No**

Pharmacy Stamp & Reference

Batch no.:………………………………………………………………

Expiry Date:……………………………………………………………

RESULT
Positive

Negative

Unclear Result

**Pharmacists Signature**:

**Sample Date and Time**:

**URN Number**: