

BinaxNOW Antigen Testing Results

Facility Information

Total Number of People Tested:

Facility Name: _____ Facility Street Address: _____

City: _____ Zip: _____ Full Name of Contact Person at Facility: _____

Phone: _____ Other Phone: _____ Email: _____ Testing Date: _____

Provider Information, if available

Provider Full Name: _____

Provider Affiliation (if different from above): _____ Provider Phone: _____

REPORT INDIVIDUAL INFORMATION BELOW

Individual 1

Full Name: _____ Date of Birth _____ Home Address: _____

City: _____ ZIP: _____ Phone _____ Other Phone _____ Sex: M F UnknownRace: American Indian/Alaska Native Black/African American Asian Caucasian Hawaiian/Pacific Islander Other _____ UnknownEthnicity: Hispanic/Latino: Yes No Unknown Arab/Middle Eastern: Yes No UnknownCOVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea): Yes No Unknown

BinaxNOW™ Card Number: _____ Comments (e.g., different test date): _____

Test Result: Positive Negative Invalid Unknown

Individual 2

Full Name: _____ Date of Birth _____ Home Address: _____

City: _____ ZIP: _____ Phone _____ Other Phone _____ Sex: M F UnknownRace: American Indian/Alaska Native Black/African American Asian Caucasian Hawaiian/Pacific Islander Other _____ UnknownEthnicity: Hispanic/Latino: Yes No Unknown Arab/Middle Eastern: Yes No UnknownCOVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea): Yes No Unknown

BinaxNOW™ Card Number: _____ Comments (e.g., different test date): _____

Test Result: Positive Negative Invalid Unknown

Individual 3

Full Name: _____ Date of Birth _____ Home Address: _____

City: _____ ZIP: _____ Phone _____ Other Phone _____ Sex: M F UnknownRace: American Indian/Alaska Native Black/African American Asian Caucasian Hawaiian/Pacific Islander Other _____ UnknownEthnicity: Hispanic/Latino: Yes No Unknown Arab/Middle Eastern: Yes No UnknownCOVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea): Yes No Unknown

BinaxNOW™ Card Number: _____ Comments (e.g., different test date): _____

Test Result: Positive Negative Invalid Unknown

Individual 4

Full Name: _____ Date of Birth _____ Home Address: _____

City: _____ ZIP: _____ Phone _____ Other Phone _____ Sex: M F UnknownRace: American Indian/Alaska Native Black/African American Asian Caucasian Hawaiian/Pacific Islander Other _____ UnknownEthnicity: Hispanic/Latino: Yes No Unknown Arab/Middle Eastern: Yes No UnknownCOVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea): Yes No Unknown

BinaxNOW™ Card Number: _____ Comments (e.g., different test date): _____

Test Result: Positive Negative Invalid Unknown

Facility Name: _____ Date: ____/____/____

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Individual 5

Full Name: _____ Date of Birth _____ Home Address: _____

City: _____ ZIP: _____ Phone _____ Other Phone _____ Sex: M F UnknownRace: American Indian/Alaska Native Black/African American Asian Caucasian
 Hawaiian/Pacific Islander Other _____ UnknownEthnicity: Hispanic/Latino: Yes No Unknown Arab/Middle Eastern: Yes No UnknownCOVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea): Yes No Unknown

BinaxNOW™ Card Number: _____ Comments (e.g., different test date): _____

Test Result: Positive **Negative** **Invalid** **Unknown** **Individual 6**

Full Name: _____ Date of Birth _____ Home Address: _____

City: _____ ZIP: _____ Phone _____ Other Phone _____ Sex: M F UnknownRace: American Indian/Alaska Native Black/African American Asian Caucasian
 Hawaiian/Pacific Islander Other _____ UnknownEthnicity: Hispanic/Latino: Yes No Unknown Arab/Middle Eastern: Yes No UnknownCOVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea): Yes No Unknown

BinaxNOW™ Card Number: _____ Comments (e.g., different test date): _____

Test Result: Positive **Negative** **Invalid** **Unknown** **Individual 7**

Full Name: _____ Date of Birth _____ Home Address: _____

City: _____ ZIP: _____ Phone _____ Other Phone _____ Sex: M F UnknownRace: American Indian/Alaska Native Black/African American Asian Caucasian
 Hawaiian/Pacific Islander Other _____ UnknownEthnicity: Hispanic/Latino: Yes No Unknown Arab/Middle Eastern: Yes No UnknownCOVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea): Yes No Unknown

BinaxNOW™ Card Number: _____ Comments (e.g., different test date): _____

Test Result: Positive **Negative** **Invalid** **Unknown** **Individual 8**

Full Name: _____ Date of Birth _____ Home Address: _____

City: _____ ZIP: _____ Phone _____ Other Phone _____ Sex: M F UnknownRace: American Indian/Alaska Native Black/African American Asian Caucasian
 Hawaiian/Pacific Islander Other _____ UnknownEthnicity: Hispanic/Latino: Yes No Unknown Arab/Middle Eastern: Yes No UnknownCOVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea): Yes No Unknown

BinaxNOW™ Card Number: _____ Comments (e.g., different test date): _____

Test Result: Positive **Negative** **Invalid** **Unknown** **Individual 9**

Full Name: _____ Date of Birth _____ Home Address: _____

City: _____ ZIP: _____ Phone _____ Other Phone _____ Sex: M F UnknownRace: American Indian/Alaska Native Black/African American Asian Caucasian
 Hawaiian/Pacific Islander Other _____ UnknownEthnicity: Hispanic/Latino: Yes No Unknown Arab/Middle Eastern: Yes No UnknownCOVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea): Yes No Unknown

BinaxNOW™ Card Number: _____ Comments (e.g., different test date): _____

Test Result: Positive **Negative** **Invalid** **Unknown**

Individual 10

Full Name: _____ Date of Birth _____ Home Address: _____

City: _____ ZIP: _____ Phone _____ Other Phone _____ Sex: M F UnknownRace: American Indian/Alaska Native Black/African American Asian Caucasian
 Hawaiian/Pacific Islander Other _____ UnknownEthnicity: Hispanic/Latino: Yes No Unknown Arab/Middle Eastern: Yes No UnknownCOVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea): Yes No Unknown

BinaxNOW™ Card Number: _____ Comments (e.g., different test date): _____

Test Result: Positive **Negative** **Invalid** **Unknown** **Individual 11**

Full Name: _____ Date of Birth _____ Home Address: _____

City: _____ ZIP: _____ Phone _____ Other Phone _____ Sex: M F UnknownRace: American Indian/Alaska Native Black/African American Asian Caucasian
 Hawaiian/Pacific Islander Other _____ UnknownEthnicity: Hispanic/Latino: Yes No Unknown Arab/Middle Eastern: Yes No UnknownCOVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea): Yes No Unknown

BinaxNOW™ Card Number: _____ Comments (e.g., different test date): _____

Test Result: Positive **Negative** **Invalid** **Unknown** **Individual 12**

Full Name: _____ Date of Birth _____ Home Address: _____

City: _____ ZIP: _____ Phone _____ Other Phone _____ Sex: M F UnknownRace: American Indian/Alaska Native Black/African American Asian Caucasian
 Hawaiian/Pacific Islander Other _____ UnknownEthnicity: Hispanic/Latino: Yes No Unknown Arab/Middle Eastern: Yes No UnknownCOVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea): Yes No Unknown

BinaxNOW™ Card Number: _____ Comments (e.g., different test date): _____

Test Result: Positive **Negative** **Invalid** **Unknown** **Individual 13**

Full Name: _____ Date of Birth _____ Home Address: _____

City: _____ ZIP: _____ Phone _____ Other Phone _____ Sex: M F UnknownRace: American Indian/Alaska Native Black/African American Asian Caucasian
 Hawaiian/Pacific Islander Other _____ UnknownEthnicity: Hispanic/Latino: Yes No Unknown Arab/Middle Eastern: Yes No UnknownCOVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea): Yes No Unknown

BinaxNOW™ Card Number: _____ Comments (e.g., different test date): _____

Test Result: Positive **Negative** **Invalid** **Unknown** **Individual 14**

Full Name: _____ Date of Birth _____ Home Address: _____

City: _____ ZIP: _____ Phone _____ Other Phone _____ Sex: M F UnknownRace: American Indian/Alaska Native Black/African American Asian Caucasian
 Hawaiian/Pacific Islander Other _____ UnknownEthnicity: Hispanic/Latino: Yes No Unknown Arab/Middle Eastern: Yes No UnknownCOVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea): Yes No Unknown

BinaxNOW™ Card Number: _____ Comments (e.g., different test date): _____

Test Result: Positive **Negative** **Invalid** **Unknown**

Individual _____
 Full Name: _____ Date of Birth _____ Home Address: _____
 City: _____ ZIP: _____ Phone _____ Other Phone _____ Sex: M F Unknown
 Race: American Indian/Alaska Native Black/African American Asian Caucasian
 Hawaiian/Pacific Islander Other _____ Unknown
 Ethnicity: Hispanic/Latino: Yes No Unknown Arab/Middle Eastern: Yes No Unknown
 COVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea): Yes No Unknown
 BinaxNOW™ Card Number: _____ Comments (e.g., different test date): _____
Test Result: Positive **Negative** **Invalid** **Unknown**

Individual _____
 Full Name: _____ Date of Birth _____ Home Address: _____
 City: _____ ZIP: _____ Phone _____ Other Phone _____ Sex: M F Unknown
 Race: American Indian/Alaska Native Black/African American Asian Caucasian
 Hawaiian/Pacific Islander Other _____ Unknown
 Ethnicity: Hispanic/Latino: Yes No Unknown Arab/Middle Eastern: Yes No Unknown
 COVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea): Yes No Unknown
 BinaxNOW™ Card Number: _____ Comments (e.g., different test date): _____
Test Result: Positive **Negative** **Invalid** **Unknown**

Individual _____
 Full Name: _____ Date of Birth _____ Home Address: _____
 City: _____ ZIP: _____ Phone _____ Other Phone _____ Sex: M F Unknown
 Race: American Indian/Alaska Native Black/African American Asian Caucasian
 Hawaiian/Pacific Islander Other _____ Unknown
 Ethnicity: Hispanic/Latino: Yes No Unknown Arab/Middle Eastern: Yes No Unknown
 COVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea): Yes No Unknown
 BinaxNOW™ Card Number: _____ Comments (e.g., different test date): _____
Test Result: Positive **Negative** **Invalid** **Unknown**

Individual _____
 Full Name: _____ Date of Birth _____ Home Address: _____
 City: _____ ZIP: _____ Phone _____ Other Phone _____ Sex: M F Unknown
 Race: American Indian/Alaska Native Black/African American Asian Caucasian
 Hawaiian/Pacific Islander Other _____ Unknown
 Ethnicity: Hispanic/Latino: Yes No Unknown Arab/Middle Eastern: Yes No Unknown
 COVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea): Yes No Unknown
 BinaxNOW™ Card Number: _____ Comments (e.g., different test date): _____
Test Result: Positive **Negative** **Invalid** **Unknown**

Individual _____
 Full Name: _____ Date of Birth _____ Home Address: _____
 City: _____ ZIP: _____ Phone _____ Other Phone _____ Sex: M F Unknown
 Race: American Indian/Alaska Native Black/African American Asian Caucasian
 Hawaiian/Pacific Islander Other _____ Unknown
 Ethnicity: Hispanic/Latino: Yes No Unknown Arab/Middle Eastern: Yes No Unknown
 COVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea): Yes No Unknown
 BinaxNOW™ Card Number: _____ Comments (e.g., different test date): _____
Test Result: Positive **Negative** **Invalid** **Unknown**

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