



COVID-19 Rapid Test Results Documentation

Name of Collège/University: Catawba College

Student (y/n):		Staff (y/n):	
Last Name:		First Name, Middle Initial:	
Date of Birth:		Race/Ethnicity:	
Street Address:		City:	
Sate, Zip:		County of Residence:	
Gender:		Phone Number:	

Testing and Specimen Information:

Testing Device used:		Test Collection Date:	
Specimen Source:		Ordering Provider:	
Test Results:			

- Please use this form for Rapid In House testing
- Please specify whether it is a student or staff member
- Please fax this form completed to 704-216-7989 (attn.: Ashley)
- If you have any questions please call Ashley Brooks at 704-216-7925 or Meredith Littell at 704-216-8846