

# Town of Manchester

## 2020 COVID-19 Testing Registration Form

### REQUIRED INFORMATION FOR PERSON RECEIVING TEST

One registration form must be completed, in full and must be legible, for each person tested for COVID-19.

Manchester Resident     Town Employee  
 Student at \_\_\_\_\_

I have insurance     Yes     No

Last name

First name

Middle name

SSN—last 4 digits

Date of birth (MM/DD/YYYY)

Age

Phone     Cell     Home

ZIP Code

Female

Male

Other

Email Address

Guardian's full name

Guardian's phone number