



3239 Adams Avenue, San Diego, CA 92116

COVID-19 – Research and Blood Tests

Date of Birth: _____ Country of Birth: _____ Gender: _____

Name: _____ Are you pregnant? _____

Address: _____

Phone: _____ Alt. Phone: _____

E-mail: _____

Ethnicity: _____ Occupation: _____

Date symptoms first started? _____

Symptoms, please list:

(Continue on Back if necessary)

If you know, what is your blood type?: _____

Have you been exposed to a known positive? _____

Possible Exposure (Check all that may apply):

Food Service Day Care Health Care School Work Jail Other _____

Do you consent to the research lab contacting you to help further antibody testing? _____

Name Signature Date

Note: This test has been approved by the FDA. As such, a positive result must be reported by this agency to the SD County Dept of Health.

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