

Authorization Form COVID-19 Testing

By signing this form, I authorize Stokes County Health Department to administer the COVID-19 test. I also authorize them to bill my insurance for this test and contact me by phone with my test results.

Results should be back by Friday, June 5, 2020. It is important that you understand for those that are tested you must self-isolate in your home until you receive your test result. By signing this form, you are agreeing to follow these guidelines.

Signature: _____

Date: _____