



elmwood franklin school  
Thinking beyond.

**COVID-19 Antigen Testing Intake Form**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_ Suffix \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Street Address \_\_\_\_\_ City/Town \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_

Race (Please check all that apply):

- Black/African American   
  White   
  Asian   
  American Indian or Alaskan Native  
 Native Hawaiian or Other Pacific Islander   
  Unknown   
  Other

**Please select one:**

- On-campus Student  
 Faculty/Staff

School Name and Address \_\_\_\_\_ Elmwood Franklin School, 104 New Amsterdam Avenue, Buffalo, NY 14216 \_\_\_\_\_

School Phone Number 716-877-5035 District Buffalo

**For Faculty/Staff Only:** Title \_\_\_\_\_ BEDS Code 140600996445

Is this your first COVID test?                       Yes     No

Are you experiencing any COVID symptoms?     Yes     No

When did these symptoms begin? \_\_\_\_\_

**THIS SECTION IS FOR OFFICIAL USE ONLY**

Date of test \_\_\_\_\_ Time test administered \_\_\_\_\_ Results read at \_\_\_\_\_

Lot \_\_\_\_\_ Expiration \_\_\_\_\_ Result \_\_\_\_\_