

Natchitoches Regional Medical Center

WALK-IN CLINIC

Date: _____

Full Name: _____
Last First Middle Initial

DOB: _____ Age: _____ SS#: _____ - _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number for Results: _____

Gender: Male or Female Race: _____ Ethnicity: _____

Have you ever been vaccinated: Yes or No (Circle one)

If yes, when: _____ Pfizer Moderna J&J (Circle one)

For Office Use Only

Results: Negative or Positive

Results read by: _____

Patient notified of results: Date _____ Time _____ By _____

State Documentation _____