



LOCAL PATHOLOGISTS
DRS SHAW, ROUX & PARTNERS

PRACTICE NO.
052 000 000 6238

BARCODED STICKER AREA

TRAVEL COVID-19 FORM

BARCODE STICKER

FOR URGENT RESULTS

Please indicate Tel Fax Cell Email

* REFERRING DR. TRAVEL AUTHORITY 1st Copy Dr & Code PATIENT 3rd Copy Dr & Code

* PATHCARE CODE COVID19 2nd Copy Dr & Code File No.

* Traveller ID DOB DD MM YYYY

* Traveller Surname * Gender M F

* Traveller Names (as on Passport) * Traveller Title

* Passport No. * Date & Time of Flight DD MM YYYY HH : MM

* Tel. Local cell

* E-mail * Tel. (alt)

* Traveller Local address

* Address

* City * Postal Code

* Province

* Collected by * Date DD MM YYYY * Time

Site Priority S U H R Z

* Identity Verified STAFF SIGNATURE

* Received by * Date DD MM YYYY * Time

I certify that the above information is correct. I give specific consent for test analysis and fully understand the implications of the test(s). I have received adequate pre test counselling. I hereby request and agree that all my pathology accounts from Drs.Shaw,Roux&Partners ("PathCareNamibia") may be sent to my nominated email address and cellphone number, to my medical aid administrators, medical practitioner and/or insurance company. I indemnify PathCare against action that may be brought by virtue of this request and I understand that it is entirely my responsibility to safeguard access to my email. I undertake to pay outstanding monies not covered by medical aid.

SIGNATURE TRAVELLER'S CONSENT

B5922 Travel/Tourist COVID-19 PCR

Z5948 Travellers Rapid Antigen test

Date of Departure: _____

Time of Departure: _____

Flight number: _____

Client number: _____

NO CONTACT LIST REQUIRED

M5939 Travel to China

MEDICAL AID : SD CHINA

MEDICAL AID NO : RECEIPT NO

AMOUNT

Specimen type:

Nasopharyngeal (NP) swab

Oropharyngeal (OP) swab

Specimen requirement:

Single nasopharyngeal swab placed into the supplied tube; If not available, an oropharyngeal swab placed into the supplied tube.

Transportation: cold, on ice if transport is expected to exceed 6 hours

By requesting the above test, I confirm and acknowledge the following:

1. I do not currently suffer from any COVID-19 symptoms and signs, including fever, flu-like symptoms, loss of smell and taste, muscle pains, shortness of breath, etc.
2. I am not currently in self-isolation due to exposure to a COVID-19 infected individual.
3. I realise that this screening test is only for travel purposes. It is not for diagnostic or clinical purposes.
4. I understand that PathCare has no duty or responsibility towards me, regarding any further clinical management and treatment, whether the test is positive or negative.
5. If the test is positive, it will be my duty and responsibility to self-isolate with immediate effect and to obtain medical assistance if indicated.
6. I realise that COVID-19 is a notifiable disease and that the Ministry of Health & Social Services will be informed accordingly.
7. Travelers testing positive for COVID-19 are presumably asymptomatic. While false positive COVID-19 PCR tests occur, false negative tests are often also seen, especially in asymptomatic patients. Subsequent tests may prove negative, depending on a range of factors including but not limited to the shedding rate of the virus, immune response and sample quality.
8. Drs Shaw, Roux & Partners takes no responsibility for ANY claims of whatsoever nature or of any consequential losses relating to test results falling within the aforementioned category or for any tests deemed not valid for travel by any airline or country.

SIGNATURE TRAVELLER'S CONSENT