

# Town of Hamilton and Town of Wenham

## 2021 COVID-19 Testing Registration Form

### REQUIRED INFORMATION FOR PERSON RECEIVING TEST

One registration form must be completed, in full and must be legible, for each person tested for COVID-19.

It is important to provide your insurance information so that tests can be processed appropriately. If you are uninsured, you will not be charged for this test.

By signing below, I am stating that I am having symptoms of COVID or am a close contact of a COVID positive person.

<input type="checkbox"/> Hamilton Resident – 01982	<input type="checkbox"/> Hamilton Town Employee	<input type="checkbox"/> HWRSD Staff/Student
<input type="checkbox"/> Wenham Resident – 01984	<input type="checkbox"/> Wenham Town Employee	

Last name	Middle name	First name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Street Address	Town, State Zip Code
<input type="text"/>	<input type="text"/>

Date of birth (MM/DD/YYYY)	Age	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Other
<input type="text"/>	<input type="text"/>			

Email Address	Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home
<input type="text"/>	<input type="text"/>

### INSURANCE INFORMATION

Person is uninsured

Primary insurance company name

Insurance ID#

Policy holder  
 Self (skip section below)  Spouse  Parent  Other

Policy holder lastname

First name

Date of birth (MM/DD/YYYY)