

K.K. Bhatia, M.D., F.A.A.P.

9460 NO NAME UNO, SUITE 135
GILROY, CALIFORNIA 95020
(408) 848-5522 • FAX (408) 848-2369

COVID-19 Testing Consent

Type of test: Nasopharyngeal Rapid Covid Test performed by Dr K K Bhatia.

Minors Information:

Name: _____ DOB: _____

Phone number: 1. _____ 2. _____

Minors Address: _____

I authorize that a sample test be taken for Covid-19. I do hereby consent to any physician or health care provider testing my minor child to use or disclose protected health information for reporting purposes.

SECTION BELOW TO BE COMPLETED BY PARENT/GUARDIAN FOR CHILD UNDER 18

I, _____, have the following relationship with the
person above: _____.

your relation to minor

Print name

Signature

Date