



Bless To The Max, Inc. Personal Care Homes 5870 GA. Highway 57, Gordon, GA. 31031
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COVID-19- TEST RESULT REPORT FORM

Complete one form per result. Submit by email to care@bttmhome.com

Section 1: Patient Information

Last Name:		Last Name:		Middle Name:	
Sex:		Date of birth:			
What is the patient's affiliation to the facility?					
Resident ____	Staff ____	Visitor ____	Student ____	Other ____	
Patient's Address:				City:	
State:		Zip code		County:	

Section 2: Testing Facility Information

Facility name:		License (if applicable)			
Facility Address:				City:	
State:		Zip code:		Phone:	
Type of Facility: (airport, Drive/walk through testing, Hospital, urgent care etc.)					

Testing Information

Test Name:(Abbott,Cue Health, LumiraDx,Roche etc.)					
Specimen collection date:					
Speciment type: Nasal swab ____		NP (Nasopharyngeal swab) ____		Other (specify) ____	
Test Result: Detected/Positive ____		Not detective/Negative ____		Inconclusive/Undetermined/Invalid/Equivocal ____	
Device identifier:		Specimen ID:			