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| --- | --- |
| ***Test 1 (office use only)*** |  |
| ***Test 2 (office use only)*** |  |
| **First Name** |  |
| **Last Name** |  |
| **Year Group (if applicable)** |  |
| **Date of Birth** |  |
| **Gender** – this information is needed for Department for Health and Social Care research purposes. | Male/Female  |
| **Currently showing any COVID-19 symptoms?** | **NO** |
| **Home Postcode** |  |
| **First Line of Address** |  |
| **Email Address** – this is where test results will be sent. **This will be the Priority 1 email address held within our MIS at school.** |  |
| **Name of parent/guardian giving consent** |  |
| **Relationship to test subject** |  |
| **Signature** (typing out your name is sufficient if you are filling in this form digitally) |  |
| **Today’s Date** |  |
| Details of any health or accessibility issues which might affect a child’s safe participation in the testing exercise. |  |