

GARLAND RESIDENT COVID-19 TEST FORM

The City of Garland is offering COVID-19 testing for residents of the City of Garland at no charge. Eligibility requirements are as follows:

- Proof of Garland resident address (driver's license, utility bill, etc.)
- Age 2 or older
- Submit this completed Test Form at test location

To Be Completed By Person Being Tested

**** Please Print Clearly **** This form will be mailed to you to advise you of test results

.....
First Name

.....
Last Name

.....
Street Address

.....
Apt. #

Garland, TX

.....
Zip Code

Fold on dotted line for window envelope

Date of Birth: _____

MM/DD/YYYY

Sex: (Check one)

Male

Female

Contact Phone Number _____

Ethnicity (Check one)

Hispanic / Latino

Not Hispanic / Latino

Undisclosed

Race (Check one)

White

Asian

American Indian / Native Alaskan

Black / African American

Native Hawaiian / Pacific Islander

Undisclosed

To Be Completed By Test Site

Test Location

First Family Health Care, 2201 Forest Lane, Garland

Best Care Family Medical Center, 4402 Broadway Blvd., Garland

Other: _____

Person collecting sample: _____

Test Result

Negative:

Positive:

NOTE: For positive results, contact your primary care physician or the medical provider above performing the test