**COVID-19 TEST ORDER FORM**

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| --- |
| **CLIENT DATA** |
| **Surname, name / Company name** |  |
| **Date of birth[[1]](#footnote-1)** |  |
| **Address** |  |
| **Country** |  |
| **Contact number (cell/tel)** |  |
| **E-mail** |  |
| **Desired date for testing** |  |

**Place and date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE: If the company orders examinations for more than one of its employees, it is obliged to provide a list with mandatory personal data (name and surname, date of birth, and address for submission of reports) for persons referred for testing.**

Contact number: **00385 91 4341 208**

E-mail for sending the order form– application form: **narudzba.covid@zzjz-sibenik.hr**

1. To be filled in only by natural persons [↑](#footnote-ref-1)