



**Falcon Ambulance
Service**

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Data form

For SARS-CoV-2 **rapid antigen testing** (test)

Date of the examination:,, (hour) : (min)

Place of the examination: Budapest, Bécsi rd. 130, 1037, Hungary

Personal details:

Name: **DOB:**

Address:.....

Insurance number (TAJ):

E-mail address:

Phone number:

If your test positive, please inform your GP immediately (via phone), who is obligated to notify the National Health Services, according to recommendation. In case of positive result, you need isolation at home, based on the recommendation of the National Health Services.

Negative test result however doesn't exclude the possibility of SARS-CoV-2 (COVID-19) infection, therefore it is not sufficient to suspend isolation (quarantine), go back to work or go abroad.

Rapid test result: **POSITIVE / NEGATIVE / SAMPLE CAN NOT BE EVALUATED**

The test made by (full name):

Budapest

Date:

stamp

.....
signature