

# Guidelines for Proof of Completion Documents

## General Guidelines

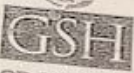
- The document needs to include the following: your first and last name, the test location, and the test date.
- If your proof of completion is a physical piece of paper and you do not have a scanner, to create an electronic document that can be uploaded you can take a picture with your smart phone. Be sure to include the entire document and make sure it's not blurry.
- Please redact (erase/strike through) any other personal information like date of birth and test results.
  - How to redact personal information from a form:
    - If it's a physical piece of paper:
      - If you want to keep the original form as is:
        - Cut out rectangles from a blank sheet of paper and place them over the text to redact
        - Scan or take a photo of the form
        - Remove the rectangles
      - If you don't need to keep the original form as is, you can simply mark out the personal information with a pen or a marker before scanning or taking the photo
    - If it's an electronic file:
      - Open the file in any image manipulation software (e.g., Microsoft Paint, which is built into Windows)
      - Erase the text or scratch over the text with the paint brush tool and then save the file.

See next two pages for samples....

## Samples:

Sample 1: Document Provided by Testing Site at Time of testing

**Note: Remember to redact all personal information other than first and last name**

  
GOOD SAMARITAN HOSPITAL  
901 OLIVE DR. BAKERSFIELD, CA 93308

1. Please complete the following information:  
Patient name John Doe  
Date of birth: \_\_\_\_\_  
Gender (Circle):  Male  Female Sexual Orientation: \_\_\_\_\_  
Address \_\_\_\_\_ City Bakersfield State CA Zip Code: \_\_\_\_\_  
Phone number \_\_\_\_\_  
Occupation \_\_\_\_\_  
Ethnicity \_\_\_\_\_

3. Have you been in close contact (i.e. within 6 feet) with someone suspected or confirmed to have COVID-19?  YES  UNKNOWN

4. Please mark the symptoms you are currently experiencing:  
 Fever  Muscle aches  Cough  New Loss of Taste/Smell  Shortness of breath  Sore throat  
 Other: \_\_\_\_\_

**INFORMED CONSENT FOR CORONAVIRUS (COVID-19) TESTING**

5. Please carefully read the following informed consent:  
a. I authorize this COVID-19 testing unit to conduct collection and testing for COVID-19 through a nasopharyngeal swab, as ordered by an authorized medical provider or public health official.  
b. I acknowledge that a positive test result is an indication that I must continue to self-isolate in an effort to avoid infecting others.  
c. I understand that I am not creating a patient relationship with Good Samaritan Hospital by participating in testing. I understand the testing unit is not acting as my medical provider. Testing does not replace treatment by my medical provider. I assume complete and full responsibility to take appropriate action with regards to my test results. I agree I will seek medical advice, care and treatment from my medical provider if I have questions or concerns, or if my condition worsens.  
d. I understand that, as with any medical test, there is the potential for false positive or false negative test results can occur.

I authorize for my test results to be given to me via:  
 Phone call at above number or \_\_\_\_\_

Date: 11/2/2020

\_\_\_\_\_  
Signature of patient/guardian

## Sample 2: Email Notifying You of Test Results

**Note: Remember to redact your email address.**

**Devin Brown**

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**From:** noreply@doineedacovid19test.com  
**Sent:** Saturday, October 10, 2020 11:13 AM  
**To:** Devin Brown  
**Subject:** Your COVID-19 Test Results are Ready

**CAUTION:** This email originated from outside of the organization. Do not click links, open attachments, or provide information unless you recognize the sender and know the content is safe.

Dear Devin,

The results of your recent COVID-19 test are ready. To access your results, please log into the account you created during registration. You will need to use the Username and Password you created for your personal account at [www.doineedacovid19test.com](http://www.doineedacovid19test.com).

Querido Devin,

Los resultados de su reciente prueba COVID-19 están listos. Para acceder a sus resultados, inicie sesión en la cuenta que creó durante el registro. Deberá utilizar el nombre de usuario y la contraseña que creó para su cuenta personal en [www.doineedacovid19test.com](http://www.doineedacovid19test.com).

## Sample 3: Actual Test Results

**Note: Remember to redact your actual test results and any personal information other than first and last name**

### Coronavirus (COVID-19) Test Report

PATIENT INFORMATION	SAMPLE INFORMATION	LABORATORY
First: John	Collected: Sep 23, 2020	Name: HealthQuest
Last: Doe	Received: Sep 25, 2020	Address: 6 Bendix Irvine, CA92618
Gender: Male	Reported: Sep 25, 2020	Tel: 949-696-6799
DOB:	Provider: eTrueNorth	CLIA: 05D2088507

#### NEGATIVE

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##### Test Overview - U0003: SARS-CoV-2 Infectious agent detection by nucleic acid (DNA or RNA) - RT-PCR

This test checks for SARS-CoV-2, the new virus that causes coronavirus disease (also called COVID-19), a respiratory illness.

Your Results: [REDACTED]

[REDACTED]

[REDACTED]