

SAMPLE FORM

Primary Testing Facility Designation for Mandatory Recurring Staff Testing for Long-Term Care Facilities

The below named individual is an employee, contractor or vendor (staff) of multiple long-term care facilities (facilities). In order to satisfy the requirements of weekly mandatory testing for Covid-19 at facilities, the individual has chosen to designate a facility/agency as his/her Primary Testing Facility/Agency. Such designation will enable this staff to undergo weekly testing at the primary testing facility/agency without the need for repeated weekly testing at multiple facilities/agencies. This document serves the purpose of coordinating the requirement for the testing of staff working at multiple facilities.

The staff is responsible for providing his/her test results to the other facilities where he/she is staff.

Staff Name <u>(Please Print)</u>	Date of Birth

Primary Testing Facility Designated <u>(Please Print)</u>	
Name of facility	
Facility Point of Contact (POC)	
Address	
Phone Number	

Staff Signature

Primary Testing Facility POC Signature