



COVID-19 Travel Testing Registration Form

Please fill this out completely and email it to office@alohakonaurgentcare.org. Once received, our staff will email you to schedule your testing appointment. Currently, we only schedule **10 travel tests per day**. Due to the high demand, we advise scheduling your appointment **at least 3 days in advance**.

PATIENT INFORMATION

Name: _____
(First) (Middle) (Last)

Date of Birth (mm/dd/yyyy): _____

Gender: Male Female

Phone #: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Country (if international): _____

Email: _____

TRAVEL INFORMATION

Date of Travel: _____ International
(mm/dd/yyyy) Domestic

Departure time: _____ Inter-Island

Location: _____

PATIENT AGREEMENT

I, _____ (print name), understand
that I will be responsible to pay for this COVID-19 test today.

Patient Signature: _____

Date: _____

Aloha Kona Urgent & Primary Care

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