

CHEYENNE AND ARAPAHO TRIBES

DEPARTMENT OF HEALTH – COMMUNITY HEALTH REPRESENTATIVE PROGRAM



1950 S Shepard Ave, El Reno

405-295-1750

COVID-19 TEST REQUEST & DISTRIBUTION FORM

Date: _____

REQUESTOR INFORMATION

Name: _____ Phone: _____ DOB: _____

Community: _____ Tribal

Affiliation: _____

REASON FOR REQUEST

- ☐ COVID-19 Symptoms
- ☐ Known/Suspected Exposure
- ☐ Household Exposure/Illness
- ☐ Travel
- ☐ Event/Gathering
- ☐ Routine Precaution
- ☐ Other: _____

TESTS REQUESTED

Number Requested: _____ **Number Provided:** _____

I understand that COVID-19 test kits are being provided through the CHR Program for health and prevention purposes. I understand that I am responsible for following the test manufacturer's instructions and applicable public health guidance.

Requestor Signature: _____

Date: _____

*Please submit all completed forms to CHR program in person at Cheyenne and Arapaho Tribes,
Department of Health Building- 1950 S Shepard, El Reno or via email to
rhamilton@cheynneandarapaho-nsn.gov