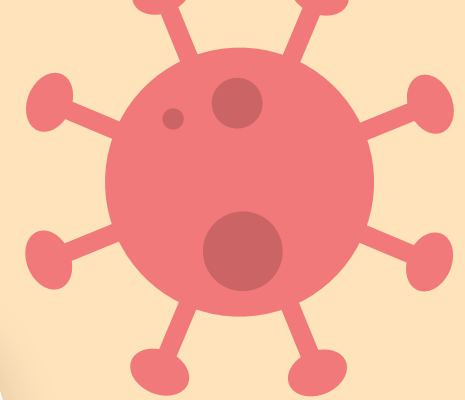
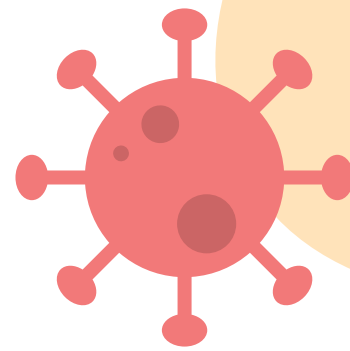


FREE COVID-19 Testing



**NO APPOINTMENT
NECESSARY!**



**January 7 and 8
7:15 a.m. – 4 p.m.**

**Mt. Olive High School
18 Corey Road
Flanders, NJ 07836**



**Bring photo ID and a copy
of your insurance card
(if you have insurance)**

Questions?

Email Dr. Susan Breton: Susan.Breton@motsd.org

**Download the
REGISTRATION FORM
at [https://tinyurl.com/
MOcovidinfo](https://tinyurl.com/MOcovidinfo)**





Mount Olive BOE Covid Fair Public Registration Form

Please print, fill out this form and bring it with you!

If you are unable to print this form, they will be available at the fair.

Name:

Date of Birth:

Address:

Phone Number:

Email Address:

☐ **Male**

☐ **Female**

☐ **Covid PCR**

Collection Date: _____ **DX: Z11.59**

Ordering Provider: Gregory Henderson (NPI: 1407804859)

**** please bring a copy of your photo ID and insurance card (if applicable)****



Mount Olive BOE Covid Fair

Student/Family

Name:

Date of Birth:

Address:

Phone Number:

Email Address:

Please check off what school you attend: (if you are family please check off family)

☐ Tinc ☐ Sandshore ☐ CMS ☐ Mt.View ☐ MOMS ☐ MOHS ☐ Family

☐ Covid PCR

Collection Date: _____ **DX: Z11.59**

Ordering Provider: Gregory Henderson (NPI: 1407804859)

**** please bring a copy of your photo ID and insurance card (if applicable)****



Mount Olive BOE Covid Fair Faculty

Name:

Date of Birth:

Address:

Phone Number:

Email Address:

Please check off what school you work at:

☐ Tinc ☐ Sandshore ☐ CMS ☐ Mt.View ☐ MOMS ☐ MOHS

☐ Covid PCR

Collection Date: _____ **DX: Z11.59**

Ordering Provider: Gregory Henderson (NPI: 1407804859)

**** please bring a copy of your photo ID and insurance card (if applicable)****