

**CORONAVIRUS  
DETERMINATION REQUEST:**

- PCR
- SEROLOGY ELISA
- ANTIGEN TEST

Mr./Mrs.: ..... ,  
With ID Number....., I request the coronavirus determination test and assume the economic cost, if my insurer does not authorize it.

**PERSONAL DATA**

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Date of birth:..... e-mail:.....

Phone Number:..... Township:.....

Profession:.....

**MOTIVES FOR THE REQUEST**

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**Epidemiological criteria**

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- Recent contact with someone with laboratory confirmed coronavirus infection:  Yes  No
- Have you had the COVID-19 disease?  No  Yes Date of your first positive PCR test.....

**Clinical criteria**

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- By requiring:
  - Surgical intervention  Invasive procedure  Labor induction  C-section
  - Other: .....
- By presenting any of these symptoms:
  - Breathing difficulty  Cough  Fever  Diarrhea
  - Anosmia (loss of smell)  Conjunctivitis  Myalgia  Asthenia
  - Ageusia (loss of taste)  Other: .....

**VACCINATION STATUS**

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- No
- Yes Vaccine Type: ..... Doses received:.....

I will check my results on [www.quironsalud.es](http://www.quironsalud.es) , through 'Quironsalud App' or I will pick them up from the laboratory in Clínica Rotger.

And in proof of conformity of all the foregoing, I sign and ratify this document.

Signature: .....

Palma de Mallorca, Date: .....