

— CCC —
COVID CLEAR CLINIC

One Call Laboratories

Name

First

Last

Passport Number

Gender

D.O.B

Ethnicity



NHS Number (If known)

Current Address

Address Line 1

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

Self-isolation Address

Address Line 1

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

Country or Origin where passenger travelled from - (inc. any transiting country or territory)

Date of Arrival in the UK



Date of Departure or transit through a non-exempt country/territory, region etc



Vaccination Status

Flight/Coach/Vessel Number

Email Address

Phone Number

Please tick all that apply

PCR test Day 2 test Day 8 test

Day 5 test (test to release)