



Covid
PRACTICE NO. 5200539

BARCODED STICKER AREA

Wines2Whales Cyclist
COVID form
BARCODE STICKER

FOR URGENT RESULTS

Please indicate Tel Fax Cell Email

* REFERRING DR. WINES 2 WHALES	1 st Copy Dr & Code PATIENT	3 rd Copy Dr & Code
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* PATHCARE CODE W2WCASH	2 nd Copy Dr & Code	* Race no.
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* Client ID	OR	* DOB	DD MM YYYY
* Passport No.		* Gender	M F
* Client Surname		* Client Title	
* Client Names		* Date & Time of Flight	DD MM YYYY HH : MM
* Tel. Local cell			
* E-mail		* Tel. (alt)	
* Client Local address			
* Address			
* City		* Postal Code	
* Province			

REQUIRED INFO

* Collected by	* Date	DD MM YYYY	* Time
Site Priority	S <input type="checkbox"/>	U <input type="checkbox"/>	H <input type="checkbox"/>
	R <input type="checkbox"/>	Z <input type="checkbox"/>	
* Identity Verified			
* Received by	* Date	DD MM YYYY	* Time

I certify that the above information is correct. I give specific consent for test analysis and fully understand the implications of the test(s) and I have received adequate pre-test counselling. I consent to the processing of my personal information for the purposes of this test request. I hereby request and agree that all my pathology test results and accounts from Drs. Dietrich, Voigt, Mia & Partners ("PathCare") may be sent to my nominated email address and cellphone number, to my medical aid administrators, medical practitioner and/or insurance company. I indemnify PathCare against action that may be brought by virtue of this request and I understand that it is entirely my responsibility to safeguard access to my email. I hereby agree to PathCare's privacy policy and terms and conditions available at www.pathcare.co.za. I undertake to pay outstanding monies not covered by the medical aid.

SIGNATURE ATHLETE'S CONSENT

Wines2Whales cyclist

V5928 Travel/Screening COVID-19 PCR
MEDICAL AID : EPIC CASH
MEDICAL AID NO : RECEIPT NO _____
AMOUNT R850

W5959 COVID Antigen Test
AMOUNT R180

By requesting the above test, I confirm and acknowledge the following:

- I do not currently suffer from any COVID-19 symptoms and signs, including fever, flu-like symptoms, loss of smell and taste, muscle pains, shortness of breath, etc.
- I am not currently in self-isolation due to exposure to a COVID-19 infected individual.
- I realise that this screening test is only for participation in the FNB Wines2Whales.
- I understand that PathCare is mainly a referral laboratory and it is my responsibility to seek further care from my general or family practitioner in the event of my test being positive.
- If the test is positive, it will be my duty and responsibility to self-isolate with immediate effect and to obtain medical assistance if indicated.
- I realise that COVID-19 is a notifiable disease and that the Department of Health will be informed accordingly.
- I understand that PathCare may share my result with the FNB Wines2Whales race director and/or nominated representatives, should they receive such a request.
- Participants testing positive for COVID-19 are presumably asymptomatic. False positive COVID-19 PCR tests are unusual but false negative tests are frequently seen, especially in asymptomatic patients. Subsequent tests may prove negative depending on a range of factors including but not limited to the shedding rate of the virus, immune response and sample quality. Drs Dietrich, Voigt, Mia & Partners takes no responsibility for ANY claims of whatsoever nature or any consequential losses relating to test results falling within the aforementioned category.
- PathCare will make every effort to ensure the timely analysis of the sample, however, we cannot take responsibility for reimbursing flights or other costs related to your participation in the FNB Wines2Whales as a result of test results not being available.

SIGNATURE ATHLETES CONSENT