**OBRAZAC ZA TESTIRANJE NA SARS-CoV-2 NA VLASTITI ZAHTJEV**

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| Datum uzimanja uzorka: |  |

Vrsta testiranja: *označiti*

 Molekularna dijagnostika – PCR

 Brzi antigenski test

 Serološka dijagnostika

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| Ime i prezime: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
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| Datum rođenja: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Spol: | | M Ž |
|  |  | | | |
| MBO: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  |
| OIB:  ID: | *(****OBAVEZNO*** *za hrvatske osiguranike)*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Adresa stanovanja: | *(inozemni osiguranici - broj putovnice, broj osobne)*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  |  |  |  |  |
| Broj telefona: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
|  |  | | | |
| E-mail adresa: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(čitko ispuniti)* | | | |

Dostava nalaza: *označiti*

 e-mail

 podizanje osobno

Izrada jednokratne EU digitalne COVID potvrde o testiranju:  DA  NE

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| Datum: |  | Potpis: |  |