**Primary Testing Facility Designation for Mandatory Recurring Staff Testing for Long-Term Care Facilities**

The below named individual is an employee, contractor or vendor (staff) of multiple long-term care facilities (facilities). In order to satisfy the requirements of weekly mandatory testing for Covid-19 at facilities, the individual has chosen to designate a facility/agency as his/her Primary Testing Facility/Agency. Such designation will enable this staff to undergo weekly testing at the primary testing facility/agency without the need for repeated weekly testing at multiple facilities/agencies. This document serves the purpose of coordinating the requirement for the testing of staff working at multiple facilities.

The staff is responsible for providing his/her test results to the other facilities where he/she is staff.

|  |  |
| --- | --- |
| **Staff Name** (Please Print) | **Date of Birth** |
|  |  |

|  |
| --- |
| **Primary Testing Facility Designated** (Please Print) |
| Name of facility |  |
| Facility Point of Contact (POC) |  |
| Address |  |
| Phone Number |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Signature Primary Testing Facility POC Signature