**ČITKO ISPUNITI! (Please fill out this form as clearly as possible!)**

**NALAZ ĆE BITI POSLAN NA VAŠ EMAIL U ROKU 24 SATA (Result will be sent on Your e-mail within 24 hours)**

|  |  |
| --- | --- |
| **1.** **RT-PCR** | **2. Rapid ANTIGEN test (RAT)** |
| **DATUM TESTIRANJA** (Date): | |
| **PREZIME** (Surname) | **IME** (Name) |
| **SPOL** (Gender):  **M** (Male) **Ž** (Female) | **DATUM ROĐENJA** (Birth date): |
| **OIB** (Croatian citizens only)  ID No/JMBG (non-Croatian citizens) | **MBO** - matični broj osiguranika sa zdravstvene iskaznice ili dopunskog osiguranja (Croatian citizens only) |
| **E-MAIL** molimo čitko ispuniti!  (Please fill in clearly!) | |
| **Broj telefona** (Phone number) | |
| **Adresa stanovanja** (Residential address): | |
| **Potvrda na engleskom jeziku (Certificate in English)**: DA/YES NE/NO | |
| **Način plaćanja** (Mark payment method)  Gotovinu ne primamo! (We do not accept cash!) | 1. Uputnica ili E-uputnica (for Croatian citizens only) 2. Plaćeno unaprijed (payment in advance) 3. Plaćanje karticom na licu mjesta (card payment) 4. Ugovori (tvrtka, savez): 5. Ostalo |
| **Razlog testiranja** (Croatian citizens only): | 1. imam simptome 2. kontakt s osobom pozitivnom na COVID 3. zbog putovanja 4. ostali administrativni zahtjevi: |
| **Ukoliko ste u zadnjih 14 dana putovali izvan RH navedite ime države. (If you travelled outside of Croatia in the last 14 days, please state the name of the country/ies)** |  |
| **Da li ste u potpunosti cijepljeni protiv ili ste preboljeli COVID-19? Prebolio/la Cijepljen/a u potpunosti NE**  **Have you been fully vaccinated against COVID19 or you have recently recovered from COVID-19? Recovered/Vaccinated NO** | |