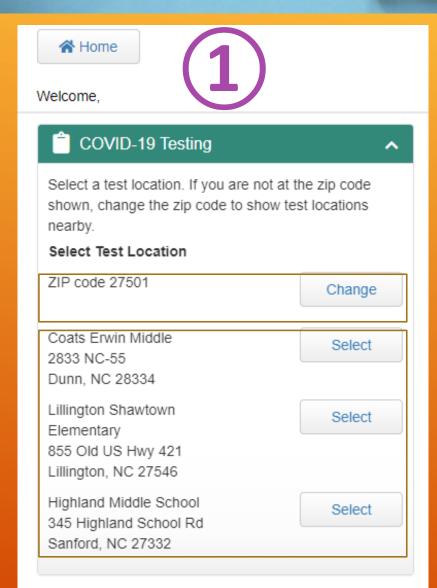
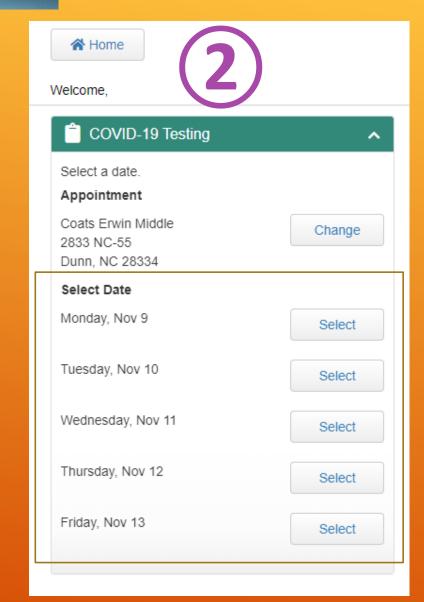
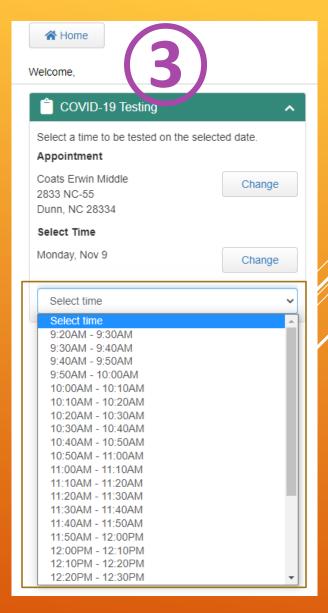


Do you	u have one or more of these symptoms?
	Fever
	Cough
	Shortness of breath or difficulty breathing
	Chills
	Repeated shaking with chills
	Muscle pain
•	Headache
•	Sore throat
•	New loss of taste or smell
O No	○ Yes
all that	u have any of the following conditions (check tapply): onic lung disease or moderate to severe
	ima ious heart condition
	nunocompromised (including cancer
	tment, smoking, bone marrow or organ splant, immune deficiencies, poorly controlled
	or AIDS, and prolonged use of corticosteroids
	other immune weakening medications)
_	ere obesity
Dia	
	onic kidney disease undergoing dialysis
_	onic kidney disease undergoing diarysis er disease
	alocado
□ Nor	ne of the above
	Submit

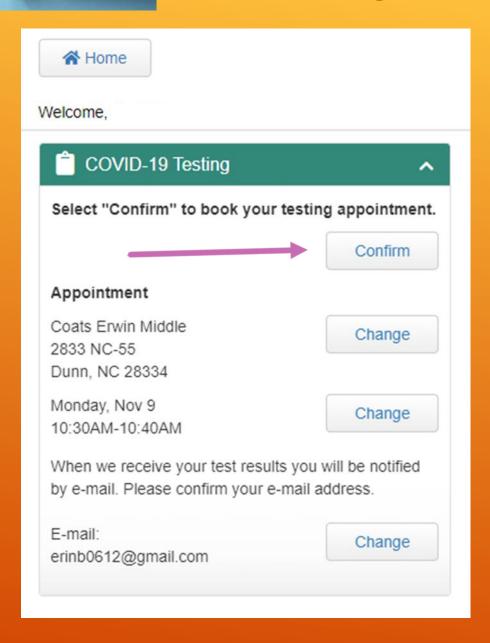














TEST RESULTS



- Available in 3-5 days
- Test results provided by email notification
 & on the eTrueNorth patient portal
- There <u>is not</u> a phone number to call for results



HAVE ANY QUESTIONS?

For more information:
Harnett County
Health Department
www.harnett.org/health
910-893-7550



This information is not intended to substitute for the advice of a physician. Be sure to consult your physician promptly for any concerns.