



COVID-19 TESTING AUTHORIZATION

**Please email completed authorization to:
authorizations@hw4me.com or fax to 434-200-6934*

Employee name : _____

Is an employee of : _____

This employee is authorized to be tested for COVID-19 because of the following criteria: (Please check appropriate box)

- Employee is exhibiting signs and symptoms of COVID-19 to include:
Temperature of 100.4 or higher, Dry cough, Shortness of Breath, and/or Fatigue

- Employee has been in direct contact with someone who has tested positive to COVID-19 (within 6 feet for more than 15 minutes without wearing a mask)

Method of payment:

- City of Lynchburg will pay for the test

Employee Supervisor: _____