Registration Form:

|  |  |
| --- | --- |
|  | Dr Wolfgang MullerPrivate Paediatric Medical Services |
| Clementine Churchill HospitalSudbury HillHarrowMiddlesex HA1 2RXTel: 020 8872 3838 | St John & St Elizabeth Hospital60 Grove End RoadSt. John’s WoodLondon NW8 9NHTel 020 70783831paediatrics@hje.org.uk  | Chase Lodge HospitalPage StreetChase LodgeW1W 5AHTel 020 75804400info@chaselodgehospital.com  | Northwick Park HospitalTrust Plus SuiteWatford Road, HarrowMiddlesex HA1 3UJTel: 020 8869 3112pa@drwmuller.com  |

Registration Form

|  |  |  |  |
| --- | --- | --- | --- |
| Client Details: |  |  |  |
| Title: |       |  |  |
| First Name: |       |  |       |
| Surname: |       |  |       |
| Gender: |       |  |       |
| Date of birth: |       |  |       |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Name (Parent/Carer): |       |       |       |
| Address 1: |       |  |       |
| Address 2: |       |  |       |
| Postcode: |       |  |       |
| Country: | UK |  |       |
| Landline: |       |  |       |
| Mobile 1: |       |       |       |
| Mobile 2: |       |       |       |
| Email: |       |       |       |

I hereby consent to have the ultimate responsibility to cover the fees in relation to the consultation with Dr Muller. I understand that the fee for the consultation does not cover additional tests, fees occurred by other specialists involved or Hospital fees. I am aware that I can access the fees for the consultation with Dr Muller on his website [www.drwmuller.com](http://www.drwmuller.com) via the link “Information – Fees”. Please note that different fees apply for out of hours and weekends. A cancellation fee of £50 will apply to all out of hours and weekend appointments. “Any costs through unforeseen delays for Travel Certification will not be covered”.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |       | Date: |       |
| Printed name: |       |  |  |

This information is needed for clients for Test-to-Release:

# Information for COVID-19 Testing for Travellers:

**Personal Details:**

|  |  |
| --- | --- |
| Ethnicity: (needed for Public Health England reporting) |       |
| Passport number: | Make sure you provided this information on page 1 |
| Country of issue of Passport: | Make sure you provided this information on page 1 |

**Travel Information:**

|  |  |
| --- | --- |
| Arrival from: |       |
| Departure date and time: |       Time:       |
| All countries/regions visited: (including **transit** in last 14 days)(What counts as transit? See FAQ:<https://drwmuller.com/information-medical-parents-covid-official-testing/>) | Country/Region: Date and time of departure:            Time:                  Time:                  Time:                  Time:                  Time:                  Time:                  Time:                  Time:       |
| Port of Arrival in UK: |       |
| Arrival in UK date and time:  |       Time:       |
| Mode of travel to UK: |       |
| Travel ID number: (e.g. flight number) |       |
| Additional Information: |  |

I hereby verify this information is correct:

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |       | Date: |       |
|  |       |  |  |

Passport verified:

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |       | Date: |       |
| Printed name: | Dr Wolfgang Muller |  |  |

This information is needed for groups of 2 or more for Test-to-Release:

***You can only register as a group if all group members shared exactly the same travel itinerary in the last 14 days and are going to stay at the same address during and after self-isolation!***

# Information for COVID-19 Testing for Groups of Travellers:

|  |  |
| --- | --- |
| Group Member 2 |  |
| Full Name: |       |
| Date of birth: |       |
| Gender: |       |
| Ethnicity: |       |
| Passport number: |       |
| Country of Issue\*: | United Kingdom |

|  |  |
| --- | --- |
| Group Member 3 |  |
| Full Name: |       |
| Date of birth: |       |
| Gender: |       |
| Ethnicity: |       |
| Passport number: |       |
| Country of Issue\*: | United Kingdom |

|  |  |
| --- | --- |
| Group Member 4 |  |
| Full Name: |       |
| Date of birth: |       |
| Gender: |       |
| Ethnicity: |       |
| Passport number: |       |
| Country of Issue\*: | United Kingdom |

|  |  |
| --- | --- |
| Group Member 5 |  |
| Full Name: |       |
| Date of birth: |       |
| Passport number: |       |
| Country of Issue\*: | United Kingdom |

|  |  |
| --- | --- |
| Group Member 6 |  |
| Full Name: |       |
| Date of birth: |       |
| Gender: |       |
| Ethnicity: |       |
| Passport number: |       |
| Country of Issue\*: | United Kingdom |

*\*) Change if needed*

|  |  |
| --- | --- |
| Additional Info: |  |
|  |       |