Registration Form:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Dr Wolfgang Muller Private Paediatric Medical Services | | |
| Clementine Churchill Hospital  Sudbury Hill Harrow Middlesex HA1 2RX  Tel: 020 8872 3838 | | St John & St Elizabeth Hospital  60 Grove End Road St. John’s Wood London NW8 9NH  Tel 020 70783831  [paediatrics@hje.org.uk](mailto:paediatrics@hje.org.uk) | Chase Lodge Hospital Page Street Chase Lodge W1W 5AH  Tel 020 75804400  [info@chaselodgehospital.com](mailto:info@chaselodgehospital.com) | Northwick Park Hospital Trust Plus Suite Watford Road, Harrow Middlesex HA1 3UJ  Tel: 020 8869 3112  [pa@drwmuller.com](mailto:pa@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: |  |
|  |  |