



IC#7814

City of Hampton COVID-19 PCR Testing Authorization Form

Dear Provider,

I _____ am here on behalf of my employer to have a:

PCR Test

During my participation in the mandatory COVID-19 testing program with the City of Hampton, I received a POSITIVE rapid antigen test result on _____.

Based on this positive rapid antigen result, I have been instructed to receive a PCR test within 24-hours of my positive result.

NOTICE TO EMPLOYEE

You must notify the COVID-19 Investigation Unit and your supervisor with the written results upon receipt.

Email a complete copy of the result or photograph of the document to the email or phone number address below to COVIDSTF@hampton.gov copying your supervisor.

Please provide ONLY the result and not anything that includes your health diagnostics or health history.

TESTING PROVIDERS

MD Express

3321 W Mercury Blvd.
Hampton, Virginia 23666

Please call 757-224-0056 for an appointment
DO NOT WALK-IN

Patient First

2304 W. Mercury Blvd
Hampton, Virginia 23666

Please call 757-951-1579 for an
appointment
DO NOT WALK-IN

Velocity Urgent Care

747 J Clyde Morris Blvd,
Newport News, Virginia 23601
Please call 757- (757) 772-6121

DO NOT WALK-IN