



**MINISTRY OF HEALTH,
WELLNESS AND THE
ENVIRONMENT**

**Ministerial Building, Kingstown,
Saint Vincent and the Grenadines**

POLYMERASE CHAIN REACTION (PCR) TEST REQUEST FORM

Submit no later than five (5) days prior to date of travel. Please attach a copy of your travel itinerary and a copy of the photo page of your travel document to this request form.

NAME:

PASSPORT #:

DATE OF BIRTH:

TELEPHONE #:

EMAIL ADDRESS:

LOCAL ADDRESS:

DESTINATION COUNTRY:

DATE OF TRAVEL:

COMMENTS :

[Submit request to coronavirustaskforcesvg@gmail.com](mailto:coronavirustaskforcesvg@gmail.com)