



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

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

POLYMERASE CHAIN REACTION (PCR) TEST REQUEST FORM

PLEASE NOTE: Submit this application no later than five (5) days prior to date of travel for processing and scheduling of appointments. Please attach a copy of your travel itinerary and a copy of the photo page of your travel document to this request form.

This form should only be completed by persons leaving ST Vincent and the Grenadines

NAME:

TRAVEL ID #:

DATE OF BIRTH:

TELEPHONE #:

EMAIL ADDRESS:

LOCAL ADDRESS:

DESTINATION COUNTRY:

DATE OF TRAVEL:

COMMENTS:

**COST: \$20 US FOR CARICOM NATIONALS AND VINCENTIANS
\$40 US FOR NON-NATIONALS**

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