



JOSH ZUMSTEIN, D.C., M.S.  
18141 DIXIE HWY., #107  
HOMEWOOD, IL 60430  
P: 708-365-6353 F: 708-365-6563

I, \_\_\_\_\_, understand that the Covid-19 Antibody  
(print name)  
test that I am receiving is to identify potential PAST infection of the SARS-CoV-2  
(Covid-19) virus. I understand that I cannot take this test if I believe I am  
**CURRENTLY** suffering symptoms of the Covid-19 virus. I also understand that a  
positive finding does not necessarily mean that I had the SARS-CoV-2 virus or that  
I am immune from getting it again.

I read and understand this information.

\_\_\_\_\_  
(Signature )

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print name)