



**County of Ulster
Department of Health
239 Golden Hill Drive
Kingston, New York 12401**

Patrick K. Ryan, County Executive
Carol Smith, MD, MS, MPH, Commissioner of Health and Mental Health

Application for COVID-19 BinaxNOW Test Kits for Ulster County Schools

School Information

School: _____

Address: _____
Street *City, State* *ZIP Code*

Principal: _____

Phone: _____ **Email** _____

Medical Contact at School: _____

Contact Phone # _____ **Contact Email:** _____

Student/Staff Information

Number of Students: _____

Number of Staff: _____

Number of COVID-19 Tests Required

TOTAL Number of Tests Requested: _____

Attestation

I certify that the information provided herein is accurate and this location meets the requirements to receive the BinaxNOW Testing Kits

Signature: _____

Locations for Testing

LOCATION	ADDRESS	ROOM NUMBER

Nursing Staff to Administer COVID-19 Tests

NAME	RN/NP LICENSE #	PHONE	EMAIL

PERSONAL PROTECTIVE EQUIPMENT NEEDS

Please state your School's needs for Personal Protective Equipment.