



OccuMedTM
New England

A Division of United Alliance Services
PROFESSIONAL SOLUTIONS FOR WORKPLACE HEALTH AND WELLNESS

Office: 833-622-8633
Email: info@occumedne.com
Website: www.occumedne.com

Berkshire School COVID-19 Antigen Testing Intake Form (Please Print Legibly)

Date: _____

Full Legal Name: _____

Date of Birth: _____

Sex: ☐ Female ☐ Male

Street Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Phone #: _____ Email: _____

Allergies: _____

Emergency Contact: Brooke Humes (Director of Student Health Services, Berkshire School).

Emergency Contact Phone #: 860-867-6449

Emergency Contact Email: bhumes@berkshireschool.org

Emergency Contact Name: _____

Emergency Contact Phone #: _____

Emergency Contact Email: _____