Thank you for contacting the **British Virgin Islands Health Services Authority** (BVIHSA) *COVID-19 Response Team*.

The *BVIHSA COVID-19 Response Team*, is a team of clinicians and administrators, at the British Virgin Islands Health Services Authority. Our email system, CovidRRT@bvihsa.Vg is a way to set appointments for persons requiring a COVID-19 swab test for **Travel, Medical Procedure/Medical Admission.**

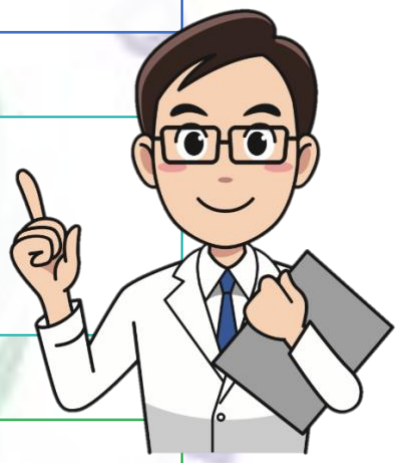
Here are the steps in the process!

STEP 1

- Complete the form attached to this email

STEP 2

- Arrive at testing sites within the time frame
- Bring a legal/national ID
- Wear your face mask/shield



STEP 3

- At the testing site, confirm your information with the adminsitrative officer
- Present proof of payment

STEP 4

- When called, proceed to the testing area
- Before being tested, inform the 'swabber' of any medical issues with your nose
- Confirm the informaiton on the testing tube and the request form

How much does the test cost?

TRAVELERS	**$70.00**
ADMISSION FOR MEDICAL CARE/MEDICAL PROCEDURE	**$135.00**
OTHER	**$70.00**

All payments can be made at any cashier site at the *Dr. D. Orlando Smith Hospital*

Collecting your results

Results are available **24-48 hrs** after testing. Your results can be emailed to you

If you wish to collect a 'hard' copy of your results, you should indicate this on the form

Results **CAN** be collected at the following sites:

- Dr. D. Orlando Smith Hospital (Tortola)
- Nurse Iris O'Neal Medical Center (Virgin Gorda)
- Romalia Smith Medical Clinic (Anegada)
- Jost Van Dyke Clinic (Jost Van Dyke)

Results can be collected between the following hours:

- Mondays - Fridays: **9:00AM- 12:00 PM**
- Saturdays and Sundays: **9:00AM- 12:00PM**

Testing Sites
Where to go

TORTOLA

- Emergency Department parking lot (white tent) at the Dr. D. Orlando Smith Hospital
- Confirm appointment 24 hours before testing
- Telephone: 852-7650
- **TESTING TIME: 10:00AM- 12:00PM**

VIRGIN GORDA

- Nurse Iris O'Neal Medical Center (behind the new building)
- Confirm appointment 24 hours before testing
- Telephone: 852-7700/852-7707
- **TESTING TIME: 10:00AM-12:00PM**

ANEGADA

- Romalia Smith Clinic
- Confirm appointment 24 hours before testing
- Telephone: 852-7785
- **TESTING TIME: 1:00PM-3:00PM**

JOST VAN DYKE

- Jost Van Dyke Clinic
- Confirm appointment 24 hours before testing
- Telephone: 852:7795
- **TESTING TIME: 7:45AM-8:00AM**

INFORMATION REQUIRED:

Please provide the following information for "each individual" that requires a test. This sheet can be duplicated to include more persons.
Please place an [X] in the relevant boxes

	PERSON 1	PERSON 2	PERSON 3
First Name			
Last Name			
Age			
Date of Birth *(DD/MM/YY)*			
Gender	☐Male ☐ Female	☐Male ☐ Female	☐Male ☐ Female
Physical Address			
Contact telephone number			
Reason for request	☐TRAVEL ☐MEDICAL ☐SURGERY ☐OTHER	☐TRAVEL ☐MEDICAL ☐SURGERY ☐OTHER	☐TRAVEL ☐MEDICAL ☐SURGERY ☐OTHER
Date of travel/medical admission *(DD/MM/YY)*			
Destination/ Transit			
If you are undergoing a medical procedure in the BVI, where would this service be?	☐BVIHSA ☐B+F ☐EUREKA ☐PENN'S ☐PICSMITH ☐BOUGAINVILLEA ☐OTHER	☐BVIHSA ☐B+F ☐EUREKA ☐PENN'S ☐PICSMITH ☐BOUGAINVILLEA ☐OTHER	☐BVIHSA ☐B+F ☐EUREKA ☐PENN'S ☐PICSMITH ☐BOUGAINVILLEA ☐OTHER
Would you like your result emailed?	☐Yes, please email ☐No, I will collect	☐Yes, please email ☐No, I will collect	☐Yes, please email ☐No, I will collect
Please provide the email address			

INFORMATION REQUIRED:

Please provide the following information for "each individual" that requires a test. This sheet can be duplicated to include more persons.
Please place an [X] in the relevant boxes

	PERSON 4	PERSON 5	PERSON 6
First Name			
Last Name			
Age			
Date of Birth *(DD/MM/YY)*			
Gender	□Male □ Female	□Male □ Female	□Male □ Female
Physical Address			
Contact telephone number			
Reason for request	□TRAVEL □MEDICAL □SURGERY □OTHER	□TRAVEL □MEDICAL □SURGERY □OTHER	□TRAVEL □MEDICAL □SURGERY □OTHER
Date of travel/medical admission *(DD/MM/YY)*			
Destination/ Transit			
If you are undergoing a medical procedure in the BVI, where would this service be?	□BVIHSA □B+F □EUREKA □PENN'S □PICSMITH □BOUGAINVILLEA □OTHER	□BVIHSA □B+F □EUREKA □PENN'S □PICSMITH □BOUGAINVILLEA □OTHER	□BVIHSA □B+F □EUREKA □PENN'S □PICSMITH □BOUGAINVILLEA □OTHER
Would you like your result emailed?	□Yes, please email □No, I will collect	□Yes, please email □No, I will collect	□Yes, please email □No, I will collect
Please provide the email address			

INFORMATION REQUIRED:

Please provide the following information for "each individual" that requires a test. This sheet can be duplicated to include more persons.
Please place an [X] in the relevant boxes

	PERSON 7	PERSON 8	PERSON 9
First Name			
Last Name			
Age			
Date of Birth *(DD/MM/YY)*			
Gender	☐Male ☐ Female	☐Male ☐ Female	☐Male ☐ Female
Physical Address			
Contact telephone number			
Reason for request	☐TRAVEL ☐MEDICAL ☐SURGERY ☐OTHER	☐TRAVEL ☐MEDICAL ☐SURGERY ☐OTHER	☐TRAVEL ☐MEDICAL ☐SURGERY ☐OTHER
Date of travel/medical admission *(DD/MM/YY)*			
Destination/ Transit			
If you are undergoing a medical procedure in the BVI, where would this service be?	☐BVIHSA ☐B+F ☐EUREKA ☐PENN'S ☐PICSMITH ☐BOUGAINVILLEA ☐OTHER	☐BVIHSA ☐B+F ☐EUREKA ☐PENN'S ☐PICSMITH ☐BOUGAINVILLEA ☐OTHER	☐BVIHSA ☐B+F ☐EUREKA ☐PENN'S ☐PICSMITH ☐BOUGAINVILLEA ☐OTHER
Would you like your result emailed?	☐Yes, please email ☐No, I will collect	☐Yes, please email ☐No, I will collect	☐Yes, please email ☐No, I will collect
Please provide the email address			

INFORMATION REQUIRED:

Please provide the following information for "each individual" that requires a test. This sheet can be duplicated to include more persons.
Please place an [X] in the relevant boxes

	PERSON 10	PERSON 11	PERSON 12
First Name			
Last Name			
Age			
Date of Birth *(DD/MM/YY)*			
Gender	☐Male ☐ Female	☐Male ☐ Female	☐Male ☐ Female
Physical Address			
Contact telephone number			
Reason for request	☐TRAVEL ☐MEDICAL ☐SURGERY ☐OTHER	☐TRAVEL ☐MEDICAL ☐SURGERY ☐OTHER	☐TRAVEL ☐MEDICAL ☐SURGERY ☐OTHER
Date of travel/medical admission *(DD/MM/YY)*			
Destination/ Transit			
If you are undergoing a medical procedure in the BVI, where would this service be?	☐BVIHSA ☐B+F ☐EUREKA ☐PENN'S ☐PICSMITH ☐BOUGAINVILLEA ☐OTHER	☐BVIHSA ☐B+F ☐EUREKA ☐PENN'S ☐PICSMITH ☐BOUGAINVILLEA ☐OTHER	☐BVIHSA ☐B+F ☐EUREKA ☐PENN'S ☐PICSMITH ☐BOUGAINVILLEA ☐OTHER
Would you like your result emailed?	☐Yes, please email ☐No, I will collect	☐Yes, please email ☐No, I will collect	☐Yes, please email ☐No, I will collect
Please provide the email address			

Thank you for contacting us! We look forward to your cooperation and serving you!