Covid- 19 test center

Registration form

Klinikk Spero

Please note that you will be contacted only if your test result is positive.
This form will be used by a public health officer.

Please use capital letters!

Airline and flight number:
What is your destination (if relevant)?
First name and family name/surname:
Home address:
Country where you live:
Country of citizenship:
Date of birth and social security number:
Mobile phone number:
Email address:
Address while you are travelling (if relevant):
Do you have any of the following symptoms? Cold symptoms YES NO Fever YES NO Breathing difficulties YES NO
Your medical center and Doctors name (only if you live in Norway)