

Name: (optional)

Location:

Are you a:

Border Worker

Employer

Instructions

1. Download this form
2. Fill out this form either
 - digitally with  Adobe Acrobat
 - or print and fill out manually.
3. Send completed form to covid19saliva@aphg.co.nz

Tell us about your Covid-19 Saliva Testing feedback

Please share your feedback:

How important is the matter you have described?

Very Important

Somewhat Important

Important

Not Important

Is the saliva collection/testing being impacted by this matter?

Significantly impacted

Somewhat Impacted

Impacted

Not Impacted

Tell us more about your experience with Covid-19 Saliva Testing

How easy was it to follow the instructions supplied?

Very easy

Easy

Neutral

Difficult

Very difficult

How satisfied are you with saliva testing?

Very satisfied

Satisfied

Neutral

Dissatisfied

Very Dissatisfied