



Patient History Form

SARS-CoV-2 (COVID-19) Testing

ACCESSION LABEL

PROMEDICA
PATHOLOGY LABORATORIES

A Partnership of ProMedica
and Sonic Healthcare

All information below is **required** by the U.S. Health and Human Services (HHS) Department and Centers for Disease Control (CDC).

COVID-19 FORM 02

HOW TO PROPERLY FILL OUT THIS FORM

CORRECT WAY:

- Fill circle all the way
- No marks outside of the lines
- Use a black ink pen

UNACCEPTABLE WAYS:



PATIENT INFORMATION

Patient Name _____ Patient Phone # _____ - _____ - _____ Date of Birth _____

Last Name

First Name

M.I.

Patient Race

- | | |
|--|--|
| <input type="radio"/> American Indian or Alaskan Native (AI) | <input type="radio"/> Native Hawaiian or Other Pacific Islander (PI) |
| <input type="radio"/> Asian (AS) | <input type="radio"/> White (W) |
| <input type="radio"/> Black or African American (B) | <input type="radio"/> Multiple/Other (O) |

Patient Ethnicity

- Hispanic/Latino (H) Non-Hispanic/Latino (N) Unspecified/Not Given/Refused (U)

COVID-19 CLINICAL HISTORY

- | | | | |
|--|---------------------------|--------------------------|-------------------------------|
| First Test? | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> UNKNOWN |
| Employed in Healthcare? | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> UNKNOWN |
| Symptomatic as defined by CDC? | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> UNKNOWN |
| If yes, then date of symptom onset (mm/dd/yy): <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> | | | |
| Hospitalized for COVID-19? | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> UNKNOWN |
| ICU for COVID-19? | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> UNKNOWN |
| Resident in congregate care setting? | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> UNKNOWN |
| Pregnant? | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> UNKNOWN |

