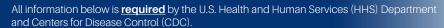
Patient History Form SARS-CoV-2 (COVID-19) Testing

HOW TO PROPERLY FILL OUT THIS FORM

Pregnant?





COVID-19 FORM 02

CORRECT WAY:	UNACCEPTABLE WAYS:			
Fill circle all the wayNo marks outside of the lines		\ominus	Ø	×
Use a black ink pen		\otimes	®	
	<u> </u>			
PATIENT INFORMATION				
Patient Name Patier	it Phone #			Date of Birth
_ast Name	 First Name			
Patient Race				
O American Indian or Alaskan Native	(AI)	O Native Hawaiian or Other Pacific Islander (PI)		
O Asian (AS)		O White (W)		
O Black or African American (B)		O Multiple/O	ther (O)	
Patient Ethnicity				
•	lon-Hispanic/Latir	oo (N)	Unspecified/Not Gi	ven/Refused (II)
	vori i noparno, Latin	10 (14)	oriopodinoa/Not ai	vori/Hordsod (o/
COVID-19 CLINICAL HISTORY				
First Test?	O YES	O NO	O UNKNOWN	
Employed in Healthcare?	O YES	O NO	O UNKNOWN	
Symptomatic as defined by CDC? If yes, then date of symptom onse	O YES	O NO	O UNKNOWN	
Hospitalized for COVID-19?	O YES	O NO	O UNKNOWN	
ICU for COVID-19?	O YES	O NO	O UNKNOWN	
Resident in congregate care setting?	O YES	O NO	O UNKNOWN	

O YES

O NO

ACCESSION LABEL

O UNKNOWN