

Date of Testing Event (MM/DD/YY): 10/02/2020 Collection Time: _____ am/pm

Location of Testing Event (Site & County): Marshall County Health Department, 513 6th Street, Moundsville, WV 26041 (Marshall Co)

Specimen will be tested at: State Laboratory (OLS) QLABS

Intake Filled Out By: _____ NCoV ID (if OLS): _____

I. DEMOGRAPHICS

Name: (last, first, middle): _____

Address (mailing): _____

Address (physical): _____

City/State/Zip: _____

County of Residence: _____

Phone (home): _____ Phone(work/cell): _____

Birth date: ____/____/____ Age: _____

SSN (last 4 only, optional): _____

Sex: Male Female Unknown Other

Race: White
(Mark all Black/African American
that apply) Native Hawaiian/ Pacific Islander
 American Indian/Alaskan Native
 Asian
 Unknown
 Other, specify _____

Ethnicity:
 Hispanic or Latino
 Not Hispanic or Latino
 Not specified

Currently employed? Yes No Unknown

Essential/Critical Infrastructure Worker? Yes No Unknown

If yes, please specify place of employment:

Healthcare facility Emergency response agency Grocery store
 Childcare facility Correctional facility Food company/plant
 Other (specify): _____

Current residence or disposition:

Single family home (house or mobile home)
 Healthcare facility (hospital, nursing home, etc.)
 Apartment/condo Correctional facility
 Shelter Group home Homeless
 Other (specify): _____

II. PRIMARY HEALTHCARE PROVIDER

Not in care of a primary healthcare provider – forward results to local health department

In care of a primary healthcare provider – information below:

Name: _____ Affiliation: _____

Location (City & State): _____ Telephone: _____

III. REASONS FOR SEEKING TESTING (CHECK ALL THAT APPLY)

Ongoing or recent illness that could be COVID-19 Return to work/employer mandate
 Potential exposure to COVID-19 within last 14 days Executive Order
 Physician Order Personal Awareness Other: _____