

Date of Testing Event (MM/DD/YY): 10/28/2020 Collection Time: _____ am/pm

Location of Testing Event (Site & County): Cameron High School, 2012 Blue and Gold Highway, Cameron, WV 26033 (Marshall Co)

Specimen will be tested at: State Laboratory (OLS) Q Labs

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 that apply) Black/African American
 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): _____