

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

Location of Testing Event (Site & County): Marshall County Health Department, 513 6<sup>th</sup> Street, Moundsville, WV 26041 (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  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): \_\_\_\_\_