

Report Covid Results



Organization Name:

Organization City:

Test Location

* Patient First Name

* Patient Last Name

Address

Street

City

State/Province

Zip/Postal Code

Country

* Birth Date

* Gender

- Female
- Male
- Other

*** Race (Select all that Apply)**

- American Indian or Alaska Native
- Black or African American
- White
- Asian
- Native Hawaiian or Other Pacific Islander
- Not Specified
- Don't Know
- Declined
- Refused to answer
- Not Asked
- Other Race
- No Information



*** Hispanic Ethnicity**

- Hispanic or Latino
- Not Hispanic or Latino
- Don't Know
- Declined

*** Nationality (Select all that Apply)**

- American
- Asian
- Cambodian
- Cape Verdean
- Chinese
- Columbian
- Congolese
- Dominican
- English
- Ethiopian
- Filipino
- French
- German
- Ghanaian
- Guatemalan
- Hmong
- Indian
- Irish
- Italian
- Korean
- Laotian
- Lebanese

- Liberian
- Mexican
- Nigerian
- Polish
- Portuguese
- Puerto Rican
- Russian
- Salvadoran
- Scottish
- Somalian
- Syrian
- Taiwanese
- Vietnamese
- Other



* Primary Language

* Phone Number (1112223333)

* Email

Affiliate with Education Setting

- Yes
- No
- Unknown

Education Setting

- Childcare
- K12
- Higher Ed (University/College)
- Higher Ed (Technical)
- Higher Ed (Military)

Help Text: Please complete the School Name and Learning Style Fields below if you are reporting results for a patient associated with the K12 school. This information is important for epidemiological analysis and case investigation.

School Name

School Affiliation

- Student
- Staff
- Other

Learning Style

- In Person
- Virtual
- Hybrid



COVID-19 SYMPTOMS

Select all that Apply

- No Symptoms
- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle pain
- Sore Throat
- Headache
- Nausea
- Vomiting
- Diarrhea
- Runny nose
- Fatigue
- Recent loss of taste
- Recent loss of smell
- Congestion

Symptom Onset Date (01/01/2020 or Jan 1, 2020)

*** Test Type**

*** Date test completed (01/01/2020 or Jan 1, 2020)**

* Test Result

