



COVID-19 Testing Questionnaire - ADULT

Name (Last, First): _____ Maiden Name (if appl): _____

DOB: _____ Date: _____ Phone: _____

Address: _____

City _____ State _____ Zip _____

If your family comes to Tosa Pediatrics for routine care, _____ Yes _____ No _____ N/A
do you have the same insurance as your child?

Full name of child at the practice (if applicable): _____

I understand that if my insurance is different from that of my child, I must provide my personal insurance. I understand that if my insurance does not cover the cost of the COVID-19 test, that I am responsible for any balance. If I am a WSD staff member, I understand that it is my responsibility to forward any balance to the WSD Human Resources Department otherwise I will be held responsible for the charges. I understand that COVID-19 is a reportable disease such that testing information including name and results will be forwarded to my local health department and possibly my school/district nurse. I authorize the staff at Tosa Pediatrics to leave a voicemail at the number below with my test results.

Signature _____ Phone _____ Date _____

Please answer the following questions. If the questions are unclear, please ask your healthcare provider.

1. Have you been exposed to anyone who tested positive for COVID-19
OR is waiting for test results? _____ Yes _____ No _____ Unsure
If yes, when was your last exposure? _____ days ago

2. Do you currently have any symptoms? _____ Yes _____ No _____ Unsure
If yes, when did they first start? _____ Please list symptoms: _____

3. Are you on staff at a school(s) or daycare? _____ Yes _____ No
If yes, where? _____ Grade/Room _____

4. Are you pregnant? _____ Yes _____ No

5. Are you a healthcare worker? _____ Yes _____ No

6. Is this your first ever COVID swab test? _____ Yes _____ No

Office use only:

Temp _____ F Pertinent findings: _____

Test sent to: _____ Tosa Peds _____ WDL _____ Acutis _____ Other

RN/MA Signature: _____ Date: _____

Result: _____ POS _____ Neg Notified of result, isolation guidelines: _____

Entered into database: _____ Init: _____ Date: _____