



# COVID-19 Testing Questionnaire - CHILD

Name (Last, First): \_\_\_\_\_

DOB: \_\_\_\_\_ Date: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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 or text at the number above with any test results.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

- Has your child been exposed to anyone who tested positive for COVID-19 OR is waiting for test results? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure  
If yes, when was the last exposure to that person? \_\_\_\_\_ days ago
- Does your child currently have any symptoms? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure  
If yes, when did they first start? \_\_\_\_\_ Please list symptoms: \_\_\_\_\_
- Does your child attend school or daycare? \_\_\_\_\_ Virtual \_\_\_\_\_ Hybrid \_\_\_\_\_ In person \_\_\_\_\_ N/A  
Where? \_\_\_\_\_ Grade \_\_\_\_\_ Cohort \_\_\_\_\_
- Is your child a patient at Tosa Pediatrics? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If not, is this the first service your child has received at Tosa Pediatrics in the last 3 years? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Ethnicity (circle): Hispanic or Latino: Yes / No Decline to Answer Unknown
- Race (circle): American Indian/Alaskan Native Asian Black/African American Unknown  
Native Hawaiiin/Pacific Islander White Other Decline to Answer

### Office use:

Temp \_\_\_\_\_ F Pertinent findings: \_\_\_\_\_

Test sent to: TP WDL Other \_\_\_\_\_ RN/MA Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Result: \_\_\_\_\_ POS \_\_\_\_\_ Neg Notified of result, isolation guidelines (if indicated): \_\_\_\_\_

Entered into database: \_\_\_\_\_ Init: \_\_\_\_\_ Date: \_\_\_\_\_