

Bulloch County COVID-19 POC Test Reporting

Patient Information:

First Name

Middle Initial

Last Name*

Date of Birth (mm/dd/yyyy)

Medical Record No

Sex*

Race*

Ethnicity*

Street Address*

City*

State*

Zip Code*

County

Phone*

Email

Additional Patient Information

YES

No

Unknown

Is the patient employed in a healthcare setting?

Is the patient a resident in a congregate setting? (e.g., long term care facility, jail or prison, shelter or group home)

Is/was the patient symptomatic?

Date of symptom onset (mm/dd/yyyy)

Is the patient hospitalized?

Is the patient admitted to an Intensive Care Unit (ICU)?

Is the patient currently pregnant?

Is this the patient's first COVID-19 test of any type?