UNIVERSITY OF NORTHERN COLORADO

COVID testing

Name: _____Date of test:_____

DOB: _____ Bear #_____

Contact Phone: _____ BEAR Email Address:_____

Address: _____

Do you live in University housing? ☐ Yes ☐ No (if yes, what hall)_____

Is Patient ill today? ☐ Yes ☐ No Any illness in the last 7-21 days? ☐ Yes ☐ No

Has Patient been exposed to confirmed case? ☐ Yes ☐ No **If yes, date of last contact**: _____

Has Patient traveled? ☐ Yes ☐ No **If yes, where?**_____

Student Athlete? ☐ yes ☐ No **If yes, what sport?** _____

UNC Employee? ☐ Yes ☐ No **Last day on campus**: _____

If yes, what department? _____ **Coach or Supervisor**: _____

Are you having symptoms?: ☐ Yes ☐ No **If yes, list date of onset and symptoms below:**

_____

_____

List roommates and their contact information:

_____

_____

_____

List anyone, including coworkers, who you have been within 6 feet of, for longer 15 minutes or longer beginning two days prior to symptoms starting:

_____

_____

_____

I understand my test results may be shared confidentially with applicable areas when necessary such as the UNC Medical Officer, Human Resources, Athletics, Weld County Public Health Department, and/or other Departments, but only as necessary.

Signature: _____

CLINIC USE ONLY:

Test Administered: □ Quarantine/Isolation info Results:_____

□ Quest Diagnostics Nasopharyngeal Swab Exp. Date: _____

□ Quest Diagnostics COVID-19 antibody testing (39504 SARS-CoV-2 Serology Antibody Assay)

□ Rapid COVID-19 Rapid Results: _____

Provider Signature: _____**Date:**_____