



Name: _____ Date of test: _____

DOB: _____ Bear # _____

Contact Phone: _____ Email Address: _____

Address: _____

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

Has Patient been exposed to confirmed positive case? ___ Yes ___ No

If yes, name & date of last contact: _____ Last day on campus: _____

Student Athlete? _____ Yes _____ No If yes, Sport & Coach: _____

Are you UNC Staff or Faculty? _____ Yes _____ No If yes, Supervisor Name: _____

Are you a UNC Student Employee? _____ Yes _____ No If yes, Supervisor Name: _____

Which UNC department? _____

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 a cumulative 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: _____ Results: _____

Quest Diagnostics Nasopharyngeal Swab Exp. Date: _____

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

Rapid COVID-19 – Type: Sofia or BDVeritor Results: _____

Does the student need to quarantine/isolate? ___ Yes ___ No

Was the student given a quarantine/isolation instruction sheet? ___ Yes ___ No

Provider Signature: _____ Date: _____