Required Ask On Order Entry Questions

Patient Name: _____ **Date of Birth:** _____/_____/_____

1. Is the patient pregnant?   Yes [ ]   No [ ]   Unknown [ ]

2. Is this the first test for COVID-19?   Yes [ ]   No [ ]   Unknown [ ]

3. Is the patient employed in healthcare?   Yes [ ]   No [ ]   Unknown [ ]

4. Group Care Resident?   Yes[ ]   No [ ]   Unknown [ ]

5. Symptomatic?   Yes[ ]   No [ ]   Unknown [ ]

6. If Symptomatic, Date of Onset   Date: _____/_____/_____

7. Hospitalized?   Yes[ ]   No [ ]   Unknown [ ]

8. ICU?   Yes[ ]   No [ ]   Unknown [ ]

This is not a laboratory requisition. It is a required patient questionnaire for COVID-19 testing

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