

SKAGIT COUNTY PUBLIC HEALTH COVID-19 POINT OF CARE TESTING PATIENT FORM

Skagit County Drive Thru Test Site- 150 Cascade Mall Drive, Burlington WA 98233

CLIA ID D2203146

Ordering Provider: Howard Leibrand, MD

Provider Address: 700 S 2nd Street, #301, Mount Vernon WA 98273 Skagit County Phone: 360-416-1500

PATIENT ID: _____

TIME OF TEST: _____

PATIENT INFORMATION - PLEASE PRINT CLEARLY

LAST NAME: _____ FIRST NAME: _____

PHONE TO RECEIVE TEXT OR CALL: _____

DATE OF BIRTH: _____ AGE IN YEARS _____ (<18 YEARS OLD- SEE BELOW)

SEX - CIRCLE ONE: FEMALE MALE OTHER

PREGNANT: _____ NO _____ YES POST PARTUM: _____ NO _____ YES

PHYSICAL ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____ COUNTY: _____

RACE - CHECK ALL THAT APPLY:

_____ UNKNOWN _____ AMERICAN INDIAN OR ALASKA NATIVE _____ ASIAN
_____ BLACK OR AFRICAN AMERICAN _____ NATIVE HAWAIIAN OR PACIFIC ISLANDER
_____ WHITE _____ OTHER RACE: _____

ETHNICITY:

_____ HISPANIC OR LATINO _____ NOT HISPANIC OR LATINO _____ UNKNOWN

SYMPTOMS OF COVID-19 AT TIME OF TESTING? _____ YES _____ NO

DO YOU WANT TO PICK UP A COPY OF RESULT FROM PUBLIC HEALTH OFFICE? _____ YES

PARENT OR GUARDIAN CONSENT FOR TESTING OF MINORS/PATIENTS AGED 18 YEARS

PARENT/GUARDIAN NAME: _____ RELATION TO PATIENT: _____

PHONE TEXTING/CALLING: _____ STAFF SIGNATURE: _____ DATE: _____

TEST RESULT (FOR OFFICE USE ONLY)

TEST NAME: BD Veritor System for Rapid Detection of SARS-CoV-2 & Flu A + B

SPECIMEN TYPE: SELF NASAL SWAB SPECIMEN COLLECTION DATE: _____

RESULT: SARS-CoV-2 POSITIVE/DETECTED NEGATIVE/NOT DETECTED INCONCLUSIVE

FLU A POSITIVE/DETECTED NEGATIVE/NOT DETECTED INCONCLUSIVE

FLU B POSITIVE/DETECTED NEGATIVE/NOT DETECTED INCONCLUSIVE

RESULT PROVIDED BY _____ TEXT _____ PHONE CALL _____ VOICEMAIL/TIME _____ IN PERSON