Clinic: OSCTR-OSCTI Today's Date: _____

External Specimen ID (Barcode) Number: _____ Nurse Initials: _____

COVID-19 Screening Form Please complete each field below with the information that applies to the client receiving services today.

☐ Client Received education sheet and gave verbal consent for services.

☐ Client is unemancipated minor; parent/guardian gave verbal consent for minor to receive services.

DEMOGRAPHICS

Name (Last, First, MI)				**Date of Birth**
Street Address	**City**	**State**	**Zip**	**County**

Phone Number ☐ Cell ☐ Home

Sex ☐ Female ☐ Male ☐ Other

Ethnicity: ☐ Hispanic/Latino ☐ Not Hispanic/Latino

Code word to obtain confidential results

Race ☐ White ☐ Black/African American ☐ Asian ☐ American Indian/Alaska Native ☐ Native Hawaiian/Other Pacific Islander ☐ Other

Primary Language ☐ English ☐ Spanish ☐ American Sign Language ☐ Other:

First COVID-19 Test? ☐ Yes ☐ No

Employed in healthcare setting? ☐ Yes ☐ No

Pregnant? ☐ Yes ☐ No

Congregate Care Resident? ☐ Yes ☐ No

Currently hospitalized? ☐ Yes ☐ No

Currently in ICU? ☐ Yes ☐ No

Symptomatic for COVID-19 (per current CDC guidelines)? ☐ Yes (Onset date:) ☐ No

TESTING/SAMPLE COLLECTION

☐ Strep Test (APRN use only)

☐ COVID-19 test ---- Sample type: ☐ nasopharygeal (NP) ☐ oropharyngeal (OP) ☐ midturbinate ☐ anterior nasal ☐ sputum/phlegm/ saliva

☐ COVID-19 Abbott IDNow

Provider Signature:

****FOR APRN USE ONLY****

Client Name (Last, First, MI) _____ Client DOB (MM/DD/YYYY)_____

RESULTS			
TEST	**RESULT**	DATE	**INITIALS**
Strep			
COVID-19			
COVID-19 ID NOW			
Other _____			
Signature	**Credentials**	**Initials**	
Signature	**Credentials**	**Initials**	

Progress Note:_____

_____

_____

_____

_____

_____

Instructions
COVID-19 Screening Form
ODH 1391-2

PURPOSE: This form is used to gather data for individuals being tested for COVID-19. Data from the form (and test results) will assist in estimating the extent to which COVID-19 may be present in the population for additional planning purposes, and is the starting point to assist in contact tracing and other COVID-19 research.

USE: This form is used at screening POD events and by nurse practitioners in the county health departments. The provider will ask the client the questions and fill out the form for the client. If an interpreter is not available, the client may need to complete the form on their own if available in the client's preferred language.

FORM ITEMS:
Write the **Clinic site**/POD site and **date** of service at the top of the form.

Consent for Services: Provide the client with the *Consent for & Description of COVID-19 Testing* education sheet. Make sure the client understands the service to be received; socialized isolation; and to call the county health department for results. Mark the check box if the client gives verbal consent for services. If the client is an unemancipated minor, get verbal consent from the parent/guardian.

Demographics: Complete all demographics fields for data entry purposes, including the items required by the CDC.

Testing/Sample Collection: Check the box next to the test(s) performed and sample type collected. The provider signs the form. NOTE: The strep test is only performed by an APRN.

Results: The provider will document test results in this section. Include the client name and date of birth at the top of this page.

RECORD MAINTENANCE: All records will be maintained in a folder and stored in a locked container during transport. Clients with positive test results will be entered into the Contact Tracing data system. The screening forms and may be destroyed after 3 years from the date of service. No data from this form should be entered into PHOCIS.