

COVID-19 Supplemental Medical Intake

Was the Covid-19 Questionnaire filled out?

Yes No

Have you been diagnosed or suspected of having Covid-19 illness?

Yes No

If Yes when ? _____

Have you ever been tested for Covid-19 with labwork?

Yes No

If tested, when? _____

If tested, was testing performed by nasal swab or blood? _____

If tested, did you test positive or negative? _____

Have you ever had an antibody test for Covid-19? _____

If tested did you test positive or negative? _____

If known , was the test for IgM or IgG antibodies? _____
