



Unified Government Public Health Department

619 Ann Avenue, Kansas City, KS 66101-3038

(913) 573-8855 | wycokck.org/health

COVID-19 Testing Intake Form

1. Do you live OR work in Wyandotte county? Yes No

If you work in Wyandotte County, please list your employer: _____

Please bring an item with you to show that you live or work in Wyandotte County, such as a piece of mail or a work badge. You do not have to show a government issued ID. The UG Public Health Department will not retain a copy or record of the item you show.

2. Have you had symptoms of COVID-19 in the past 48 hours? Yes No

If yes, check all that apply:

- Fever or chills, Nausea or vomiting, Cough, Diarrhea, Sputum/phlegm with cough, Rash, Sore throat, Fatigue, Shortness of breath, Headache, Wheezing, Muscle or body aches, Runny Nose, New loss of taste or smell

3. Do you have a known exposure to someone who has tested positive for COVID-19? Yes No (An exposure means you have been within 6 feet of that person for more than 10 minutes)

If yes, has it been 7-9 days since exposure to that person? Yes No

4. Have you previously tested positive for COVID-19? Yes No

5. Please fill out your contact information below. This will be used to follow up with your test results and further instructions. This is protected health information and will not be shared.

Patient Name: _____ Date of Birth: _____

Note: Children under age 18 must be accompanied by a parent or guardian.

MM / DD / YYYY

Telephone Number: _____ Email Address: _____

Are you okay with receiving test results by text message? Yes No

Mailing address: _____

Emergency Contact Name: _____ Phone: _____

Primary Language Spoken: _____

6. Demographic information (optional). This helps us better understand how COVID-19 is impacting our community and work to reduce the spread of the virus. This is protected health information and will not be shared.

Race (check all that apply):

- White, Black / African American, American Indian / Alaska Native, Asian, Native Hawaiian / Other Pacific Islander, Other: _____

Ethnicity: Hispanic or Latino Non-Hispanic or Latino Sex: Male Female Other

FOR OFFICE USE ONLY:

Nothing to eat, drink, smoke, chew for 30 minutes? Yes No