Patient Screening Form

Are you a currently enrolled student? □Yes □No

Name: _____ Date: _____

Local Address: _____ County: _____

_____ Phone: _____

Date of birth: _____ Sex: Male Female

School email: _____ Last on Campus: _____

Campus: _____ Athlete/Corps: _____

Dorm: _____ Race: _____

Student ID: 900_____ Ethnicity: □ Hispanic □ Non-Hispanic □ Unknown

□ Have you traveled or been around someone who has traveled outside the USA in the past 21 days? □Yes
If yes, where was the travel to/from? _____ □No

1. Are you currently experiencing any of the following symptoms?
   - □ Fever (100.4 F, or greater, measured by a thermometer)
   - □ Chills, without fever
   - □