

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
 -