

Date of Testing Event (MM/DD/YY): ___/___/___ **Collection Time:** _____ am/pm

Location of Testing Event (Site & County): Fairmont State University, Fairmont WV (Marion County LHD)

Specimen will be tested at: State Laboratory (OLS) QLABS

Intake Filled Out By: _____ **NCoV ID (if OLS):** _____

I. DEMOGRAPHICS

Name: (last, first, middle): _____

Address (mailing): _____

Address (physical): _____

City/State/Zip: _____

County of Residence: _____

Phone (home): _____ **Phone(work/cell):** _____

Birth date: ___/___/___ **Age:** _____

SSN (last 4 only, optional): _____

Sex: Male Female Unknown Other

Race: White
(Mark all that apply) Black/African American
 Native Hawaiian/ Pacific Islander
 American Indian/Alaskan Native
 Asian
 Unknown
 Other, specify _____

Ethnicity: Hispanic or Latino
 Not Hispanic or Latino
 Not specified

Currently employed? Yes No Unknown

Essential/Critical Infrastructure Worker? Yes No Unknown

If yes, please specify place of employment:

Healthcare facility Emergency response agency Grocery store
 Childcare facility Correctional facility Food company/plant
 Other (specify): **Fairmont State University**

Current residence or disposition:
 Single family home (house or mobile home)
 Healthcare facility (hospital, nursing home, etc.)
 Apartment/condo Correctional facility
 Shelter Group home Homeless
 Other (specify): _____

II. WAIVER

I acknowledge that in order to compete my COVID-19 testing conducted by the Marion County Health Department and the West Virginia National Guard, as directed by the Governor, identifying information including, but not limited to, name, date of birth, student ID and student email shall be released to Q Labs the entity processing test kits. Release of this information allows me the ability to directly contact Q Labs for my test results. I further acknowledge that my test results will be provided to me, the Marion County Health Department and the University through Q Labs portal.

Signature: _____ **Date:** _____