



COVID-19 Ab Drive-Thru Data Collection Form

This data must be collected on all patients who are tested with a COVID-19 antibody rapid test at a drive-thru site and submitted through the Department's Counseling, Testing, and Linkage System (CTLS).

Today's Date: _____ Facility Name: _____

Client is willing to have Department contact them for follow-up COVID-19 testing? Yes No

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Date of Birth (mm/dd/yyyy): _____

Sex at Birth: Male Female Unknown

Race: White Black American Indian/Alaskan Native Asian/Pacific Islander Other Unknown

Ethnicity: Hispanic Non-Hispanic Haitian Occupation: _____

Participant Exposure/ Current COVID Risk Factors

- Have you had a COVID-19 test (nasal swab/spit test, etc.)? Yes No
 If yes, what was the result? Positive Negative Inconclusive Pending/Unknown
 If result was positive, were you hospitalized? Yes No
 Were you diagnosed with pneumonia? Yes (mm/dd/yyyy): No
 Were you diagnosed with acute respiratory distress syndrome (ARDS): Yes (mm/dd/yyyy): No

2. Have you been in contact with anyone known to have COVID-19? Yes No

3. Since March 1, have you traveled (outside county of residence)? Yes No

If yes, where did you travel? _____

4. Since March 1, have you had any COVID-related symptoms? Asymptomatic Fever (temp: _____F)
 Cough Sore throat Shortness of breath Chills Muscle pain Loss of taste or smell Headache

Past Medical History and Patient Risk

- Any of the underlying health conditions? No underlying health conditions current smoker former smoker
 obesity diabetes asthma COPD chronic kidney disease chronic liver disease
 cardiac disease hypertension neurological (Specify: _____) Immunocompromised (Specify: _____)
 Other (Specify: _____) **Please stop here**

Rapid Test Information

Test kit name: _____ Specimen collection date: _____

Type of specimen collected: Whole blood Finger Stick

Test Result: IgG Positive IgM Positive IgG and IgM Positive Negative Invalid

Client directed to self-isolate? Yes No Client directed to DOH COVID-19 website? Yes No