Employee COVID Testing Form

Form Updated 12/17/20

Today's Date:

COVID 19 SCREENING QUESTIONS

PLEASE READ EACH QUESTION CAREFULLY	PLEASE CHECK THE ANSWER THAT APPLIES TO YOU.
Have you experienced ANY of the following symptoms in the past 48 hours: • fever or chills • cough • shortness of breath or difficulty breathing • fatigue • muscle or body aches • headache • new loss of taste or smell • sore throat • congestion or runny nose • nausea or vomiting • diarrhea	☐ YES ☐ NO
Within the past 14 days, have you been in close physical contact (6 feet or closer for a cumulative total of 15 minutes) with: • Anyone who is known to have laboratory-confirmed COVID-19? OR • Anyone who has any symptoms consistent with COVID-19?	☐ YES ☐ NO
Are you isolating or quarantining because you may have been exposed to a person with COVID-19 or are worried that you may be sick with COVID-19?	☐ YES ☐ NO
Are you currently waiting on the results of a COVID-19 test?	☐ YES ☐ NO

DEMOGRAPHIC INFORMATION

Last Name, First Name, Middle Initial	**Date of Birth:**	**Social Security#(optional)**	**Gender:**
Mailing Address	**City, State:**	**Zip Code:**	
Home Phone: ☐ **Preferred**	**Cell Phone:** ☐ **Preferred**	**Are you currently or have you been a patient of Liberty's Primary Care?** ☐ **Yes** ☐ **No**	

INSURANCE INFORMATION

Primary Insurance		**Secondary Insurance** ☐ **N/A**	
Primary Insurance Name	**Policy #**	**Secondary Insurance Name**	**Policy #**
Subscriber's Name	**Subscriber DOB**	**Subscriber's Name**	**Subscriber DOB**
Subscriber's SS#	**Subscriber's Employer**	**Subscriber's SS#**	**Subscriber's Employer**
Subscriber's Relationship To Patient:		**Subscriber's Relationship To Patient:**	
Who is responsible for the bill? ☐ **Self** ☐ **Other – Name:**		**Responsible Party's Relationship to Patient:**	

Responsible Party's Address:

☐ **Same as Above** ☐ **Different from Above – Address of Responsible Party:**

I authorize Liberty Resources' Primary Care to share my test results with Liberty Resources' Human Resources Dept: ☐ **YES** ☐ **NO**

Employee Signature:

QUESTIONS?	FORM SUBMITAL	LOCATION
Call Kelly Pawlikoski @ 315-413-7865	Email: CovidTest@liberty-resources.org	1045 James Street | Syracuse, NY