

Beaumont

Beaumont Laboratory

COVID-19 Related Testing Patient Information

Please Return This Card
with Requisition or Order

Patient Full Name: _____ BL Client #: _____

Patient DOB: _____

Complete the following questions about this patient:

First test? Y N Unknown

Employed in healthcare? Y N Unknown

Symptomatic as defined by **CDC**? Y N Unknown

If Yes, please provide date of symptom onset: _____

Pregnant? Y N Unknown

Resident in a congregate care setting? Y N Unknown

(NH, residential care, group homes, board and care homes, homeless shelter, foster care or other setting)

Outreach clients - DO NOT complete this section

Hospitalized? Y N Unknown

In an ICU? Y N Unknown