

FRESNO COUNTY

OFF-SITE TESTING SCREENING AND DEMOGRAPHICS FORM

TESTING EVENT: WESTSIDE CHURCH OF GOD

CITY: Fresno DATE: Saturday, June 27, 2020 (8:00 A.M. -1:00 P.M.) APPT.TIME*:

ADDRESS: 1422 W. California Ave - Fresno, CA. 93706 (*schedule 20 clients each 15min interval)

Note to person completing screening form:

- ***Please ensure all information is complete and legible; this will ensure the correct information is on the lab sample. Thank you.***

FIRST NAME: _____

MIDDLE NAME: _____

LAST NAME: _____

PHONE #: _____

GENDER: M F OTHER
 CHILD (must be mature enough to be swabbed without being held or assisted)

BIRTHDATE (month/date/year): _____

ADDRESS: _____

VEHICLE DESCRIPTION: _____

DON'T HAVE A VEHICLE: WALK-IN (Instruct individual to wear face covering).

WHAT SYMPTOMS DOES THE PERSON HAVE?

- | | | |
|---|--|---|
| <input type="checkbox"/> Fever (R50.9) | <input type="checkbox"/> Cough (R05) | <input type="checkbox"/> Shortness of Breath (R06.02) |
| <input type="checkbox"/> Headache (R51) | <input type="checkbox"/> Muscle Aches/Pain (R52) | <input type="checkbox"/> Chills |
| <input type="checkbox"/> Sore throat | <input type="checkbox"/> Loss of taste or smell | <input type="checkbox"/> No symptoms |
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INSTRUCTIONS FOR THE DAY OF TESTING:

- When driving up to testing area, please keep WINDOWS UP, display your Driver's License or CA Identification Card (Window Up) to traffic and testing staff. This will help us ensure the correct information is on your lab sample.
- Please keep WINDOWS UP until you reach the people wearing the gown and mask.