

SKAGIT COUNTY PUBLIC HEALTH COVID-19 POINT OF CARE TESTING PATIENT FORM

Skagit County Drive Through Test Site- 501 Taylor Street, Mount Vernon WA 98273
CLIA ID D2203146
Ordering Provider: Howard Leibrand, MD
Provider Address: 700 S 2nd Street, #301, Mount Vernon WA 98273 Skagit County Phone: 360-416-1500

PATIENT ID: _____
TIME OF TEST: _____

PATIENT INFORMATION- PLEASE PRINT CLEARLY

LAST NAME: _____ **FIRST NAME:** _____
PHONE TO RECEIVE TEXT OR CALL: _____
DATE OF BIRTH: _____ **AGE IN YEARS** _____ (**<18 YEARS OLD- SEE BELOW**)
SEX – CIRCLE ONE: FEMALE MALE OTHER
PREGNANT: _____ NO _____ YES **POST PARTUM:** _____ NO _____ YES
PHYSICAL ADDRESS: _____
CITY: _____ **ST:** _____ **ZIP:** _____ **COUNTY:** _____
RACE – CHECK ALL THAT APPLY:
_____ UNKNOWN _____ AMERICAN INDIAN OR ALASKA NATIVE _____ ASIAN
_____ BLACK OR AFRICAN AMERICAN _____ NATIVE HAWAIIAN OR PACIFIC ISLANDER
_____ WHITE _____ OTHER RACE: _____
ETHNICITY:
_____ HISPANIC OR LATINO _____ NOT HISPANIC OR LATINO _____ UNKNOWN
SYMPTOMS OF COVID-19 AT TIME OF TESTING? _____ YES _____ NO
DO YOU WANT TO PICK UP A COPY OF RESULT FROM PUBLIC HEALTH OFFICE? _____ YES

PARENT OR GUARDIAN CONSENT FOR TESTING OF MINORS/PATIENTS AGED 18 YEARS
PARENT/GUARDIAN NAME: _____
RELATION TO PATIENT: _____
PHONE FOR TEXTING OR CALLING: _____
STAFF SIGNATURE: _____ **DATE:** _____

TEST RESULT (FOR OFFICE USE ONLY)

TEST NAME: ABBOT BINAXNOW COVID 19 AG CARD, RAPID ANTIGEN TEST FOR COVID-19
SPECIMEN TYPE: SELF NASAL SWAB **SPECIMEN COLLECTION DATE:** _____
RESULT: POSITIVE/DETECTED NEGATIVE/ NOT DETECTED INCONCLUSIVE
RESULT PROVIDED BY _____ TEXT _____ PHONE CALL _____ VOICEMAIL/TIME

FAX NEGATIVE RESULTS TO WA DOH AT 206-512-2126

POSITIVE RESULTS WILL BE ENTERED INTO STATE DISEASE REPORTING SYSTEM AND REFERED FOR FOLLOW UP BY SKAGIT COUNTY PUBLIC HEALTH