

SPOC Location: _____ Date of Testing: _____

Name: _____ Address: _____ _____ County of Residence: _____ Phone #: _____ Alt. Phone # _____ E-mail: _____ DOB: _____ Age: _____ Gender: _____ Race: _____ Ethnicity: _____
Date Symptoms Started: _____ List Symptoms: _____ _____
Contact of a Case: Y N Who/Relationship?
Employment (please list all places of employment) and last day of work:
Travel: Y N Where? When?
Health Care Provider:
Health Problems: _____ _____

- _____ Entered/Updated in SENDSS Queue
- _____ Negative noted in Teams
- _____ Patient contacted with result
- _____ Provider contacted if applicable
- _____ Patient result fax/picked up
- _____ Provider result faxed if applicable
- _____ Follow up activities noted in Teams and
Patient highlighted yellow
- _____ Completed in SENDSS Queue