

**Please complete this form and hand it to the provider prior to testing.**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Thank you for presenting for COVID-19 testing. Please tell us the reason for your test:

- I had close contact with a known COVID-19 case, last known exposure date: \_\_\_\_\_
  - I have had symptoms, starting \_\_\_\_\_ days ago:
    - Fever
    - Cough
    - Shortness of breath
    - Sore throat
    - New loss of smell or taste
    - Diarrhea
    - Vomiting
    - Fatigue
    - Muscle aches
    - Headache
    - Congestion or runny nose
  - I was already diagnosed with COVID-19 disease \_\_\_\_\_ days ago
  - I have no symptoms AND no known exposure
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**For provider use only:**

Temperature: \_\_\_\_\_ degrees F

Pulse oximetry: \_\_\_\_\_ %

Assessment:

- Z03.818 - Contact with and (suspected) exposure to other viral communicable diseases (*contact with COVID-19, suspected exposure*).
- Z20.828 - Suspected COVID-19 virus infection (*symptomatic patients*)
- Z11.59 - Encounter for screening for other viral diseases (*asymptomatic, no known exposure*)
- U07.01 – COVID-19 virus infection (*prior diagnosis*)

Plan:

Patient aware to expect a phone call with results once available. In addition:

- Counseling performed (including ER precautions, home isolation, and contact tracing), and LA County DPH Home isolation instructions for People with COVID-19 handout provided to patient in English/Spanish
- Counseling performed (including regarding home quarantine seeking care if symptoms develop) and LA County DPH Home Quarantine Guidance for Close Contacts to COVID-19 handout provided to patient in English/Spanish

Provider's signature: \_\_\_\_\_ Date: \_\_\_\_\_