Carbon County
COVID-19 IMT

Drive-In Testing

Date (Circle One): Friday, June 12, 2020 Saturday, June 13, 2020

Name:_____ **Date of Birth:**_____

If under 18 years of age:

Parent/Guardian Name:_____ **Parent/Guardian Phone:**_____

Physical Address

Street:_____ **City/State/Zip:**_____

Home Phone:_____ **Cell Phone:**_____

Primary care provider:_____

IN THE PAST 24 HOURS, HAVE YOU EXPERIENCED:

Fever or chills	☐ Yes ☐ No
Cough	☐ Yes ☐ No
Shortness of Breath or Difficulty Breathing	☐ Yes ☐ No
Fatigue	☐ Yes ☐ No
Muscle or body aches	☐ Yes ☐ No
Headache	☐ Yes ☐ No
New Loss of Taste or Smell	☐ Yes ☐ No
Sore Throat	☐ Yes ☐ No
Congestion or runny nose	☐ Yes ☐ No
Nausea or vomiting	☐ Yes ☐ No
Diarrhea	☐ Yes ☐ No
Current temperature (if known):	