Date Patient Seen & Sample Collected: _____/_____/_____

NMRTC Yokosuka COVID-19 Lab Sample Intake Form

Reason for Testing: ☐ **Low Risk Diagnostic** ☐ **ROM Exit** ☐ **Close Contact** ☐ **Pre-OP** ☐ **Post QTN** ☐ **High/Moderate Risk Diagnostic** ☐ **Surveillance** ☐ **ROM-S** ☐ **Other**

Last name: _____ DoB: _____ Sex: ☐ Male ☐ Female

First name: _____ Contact Info: *(Phone or email)* Rate/Rank: _____

DOD ID:_____

SOFA Status:☐AD ☐DEP-AD ☐DEP-GS ☐DEP-CTR ☐RESV ☐RET ☐ GS ☐ CTR ☐IHA ☐NAF ☐MLC

City of Base/Installation: _____

Sponsor's Command:: *(Select or Type In)*

Department: Division: Directorate: *(Hospital Only)*

Dept Head Cellphone #:

DIVO / SEL Cellphone #:

Sponsor's Information: Rank Last Name First Name

Clinical Information: ***Only complete the below for symptomatic patients***

Subjective: ☐ **Symptomatic** ☐ **Asymptomatic** **Temp**:_____☐°F or ☐°C

Cough:☐ Yes ☐ No **Muscle Fatigue/Soreness**:☐ Yes ☐ No **Fever**: ☐ Yes ☐ No **Altered Taste/Smell**: ☐ Yes ☐ No

Runny Nose: ☐ Yes ☐ No **Headache**: ☐ Yes ☐ No **Nausea/Vomiting**: ☐ Yes ☐ No **Diarrhea**: ☐ Yes ☐ No

Chills: ☐ Yes ☐ No **Shortness of Breath:** ☐ Yes ☐ No

Symptom: (Select) **Date of Onset**: ____/____/_____Duration:___days (Fever) **Temp**:_____☐°F or ☐°C

Symptom: (Select) **Date of Onset**: ____/____/_____Duration:___days *(Main Trackable Symptoms)*

Symptom: (Select) **Date of Onset**: ____/____/_____Duration:___days

Additional Notes:

Additional Information & Travel History:

Asthma:☐Yes☐No **Smoker/Vaper:**☐Yes☐No **Pulmonary Disease:**☐Yes☐No

Cardiovascular Disease:☐Yes☐No **Hypertension:**☐**Yes**☐**No** **Diabetes:**☐Yes☐No

Race: (Select)

Has subject been quarantined due to travel? ☐ Yes ☐ No *(Provide details below)*

Travel history: 14 days before symptom onset to 21 days after symptom onset. Include country, city, dates, and any social/public activities engaged in during visit.

Dates of Travel:
(Begin & End Dates)

Location(s):

Activities:

Living Arrangements:

Nature of Housing:

☐ House ☐ Apartment ☐ Barracks ☐ Ship ☐ TPU ☐ Hotel ☐ Other *(Specify)*

Address: _____

Pets: ☐ Yes ☐ No Number:_____Type:_____(Cat, Dog, etc.)

Residence Location? ☐ Off Base ☐ On Base

Does subject room or share accommodation with anyone? ☐ Yes ☐ No

Type of accommodation shared ☐ Bedroom ☐ Bathroom ☐ Common areas ☐ Other

With how many people?_____*(including affected person)*

Last Updated: 17 Aug 2020