

COVID-19 RAPID TEST

RISK ASSESSMENT



Dear patient,

Mandatory Risk Assessment prior to your Covid-19 Serologic testing.

Attention: If you currently have fever (100.4°F or higher), dry cough, shortness of breath, loss of taste or smell, you are not a candidate for our test. We strongly suggest you get a diagnostic molecular swab test.

(Please circle)

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|--|-----|----|
| 1. Have you tested positive for Covid-19? (If Yes, when? _____) | YES | NO |
| 2. Have you been in contact with someone who tested positive for Covid-19 | YES | NO |
| 3. Have you had a fever (100.4°F or higher) in the past 4 weeks? | YES | NO |
| 4. Have you had dry cough in the past 4 weeks? | YES | NO |
| 5. Have you had shortness of breath in the past 4 weeks? | YES | NO |
| 6. Do any of the people you have close contact with have similar symptoms? | YES | NO |
| 7. Have you travelled outside the U.S. in the past 4 weeks? | YES | NO |

Patient Name: _____ Date: _____

Patient Signature: _____