

**Date of Testing Event (MM/DD/YY):** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Collection Time:** \_\_\_\_\_ am/pm

**Location of Testing Event (Site & County):** Fairmont State University, Fairmont WV (Marion County LHD)

**Specimen will be tested at:** ☐ State Laboratory (OLS) ☐ Q Labs

**Intake Filled Out By:** \_\_\_\_\_ **NCoV ID (if OLS):** \_\_\_\_\_

**I. DEMOGRAPHICS**

**Name:** (last, first, middle): \_\_\_\_\_

**Address (mailing):** \_\_\_\_\_

**Address (physical):** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**County of Residence:** \_\_\_\_\_

**Phone (home):** \_\_\_\_\_ **Phone (work/cell):** \_\_\_\_\_

**Birth date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age:** \_\_\_\_\_

**SSN (last 4 only, optional):** \_\_\_\_\_

**Sex:** ☐ Male ☐ Female ☐ Unknown ☐ Other

**Race:** ☐ White  
(Mark all ☐ Black/African American  
that apply) ☐ Native Hawaiian/ Pacific Islander  
☐ American Indian/Alaskan Native  
☐ Asian  
☐ Unknown  
☐ Other, specify \_\_\_\_\_

**Ethnicity:** ☐ Hispanic or Latino  
☐ Not Hispanic or Latino  
☐ Not specified

**Currently employed?** ☐ Yes ☐ No ☐ Unknown

**Essential/Critical Infrastructure Worker?** ☐ Yes ☐ No ☐ Unknown

**If yes, please specify place of employment:**

☐ Healthcare facility ☐ Emergency response agency ☐ Grocery store  
☐ Childcare facility ☐ Correctional facility ☐ Food company/plant  
☒ Other (specify): **Fairmont State University**

**Current residence or disposition:**

☐ Single family home (house or mobile home)  
☐ Healthcare facility (hospital, nursing home, etc.)  
☐ Apartment/condo ☐ Correctional facility  
☐ Shelter ☐ Group home ☐ Homeless  
☐ Other (specify): \_\_\_\_\_

**II. WAIVER**

I acknowledge that in order to compete my COVID-19 testing conducted by the Marion County Health Department and the West Virginia National Guard, as directed by the Governor, identifying information including, but not limited to, name, date of birth, student ID and student email shall be released to Q Labs the entity processing test kits. Release of this information allows me the ability to directly contact Q Labs for my test results. I further acknowledge that my test results will be provided to me, the Marion County Health Department and the University through Q Labs portal.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_