



# COVID-19 INTAKE - INITIAL

## STUDENT DEMOGRAPHICS

Student Name \_\_\_\_\_  
*Last* \_\_\_\_\_ *First* \_\_\_\_\_

Address \_\_\_\_\_  
*Street* \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code* \_\_\_\_\_

Student ID# \_\_\_\_\_ DOB \_\_\_\_\_

Gender:

- Male
- Female

Ethnicity:

- Hispanic or Latino
- Non Hispanic or Non Latino
- Refused to Answer

Race:

- American Indian or Alaska Native
- Asian
- Black or African American
- Hawaiian Native or Pacific Islander
- White
- Other

Symptomatic\*: \*asked at each intake

- Yes
- No

## PARENT/GUARDIAN INFORMATION

Parent/Guardian Name \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## INSURANCE INFORMATION

Parent/Guardian Policy Holder Name \_\_\_\_\_

Insurance Company \_\_\_\_\_

Group Number \_\_\_\_\_ Member ID \_\_\_\_\_