



COVID-19 INTAKE - INITIAL

EMPLOYEE DEMOGRAPHICS

Full Name: _____ DOB: _____
Last First

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Gender:
Male
Female

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

Ethnicity:
Hispanic or Latino
Non Hispanic or Non Latino
Refused to Answer

Symptomatic*: *asked at each intake
Yes
No

INSURANCE INFORMATION

Insurance Company _____

Group Number: _____ Member ID: _____