COVID CONNECT PRE-REGISTRATION SCREENS

July 16, 2020

TAKE THE SCREENING QUESTIONNAIRE

This questionnaire is designed to gather information regarding the COVID-19 pandemic currently affecting our country and offer guidance and instruction to ensure your safety.

Additional Websites
CDC
US State Department
This questionnaire is designed to gather information regarding the COVID-19 pandemic currently affecting our country and offer guidance and instruction to ensure your safety.

Please fill out the code below before proceeding

![Image of code]

Generate a new image
Play the audio code
Enter the code from the image

Next
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Are you a Healthcare Worker?

No

Are you a First Responder / Fire / EMS Provider?

No

What is your occupation?
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Do you have any of the following conditions? (Select all that apply)

☐ Diabetes
☐ Lung Disease (chronic)
☐ Asthma
☐ Kidney Disease (chronic)
☐ Emphysema
☐ Liver Disease
☐ Heart Disease
☐ Immune Compromised (e.g. cancer, HIV)
☐ Hypertension (high blood pressure)

Are you currently having or have you
Are you currently having, or have you had in the last 14 days, any of the following symptoms?

- Fever (either measured or symptomatic)
- Chills
- Cough
- Headache
- Sore Throat
- Nausea
- Difficulty Breathing
- Abdominal pain
- Loss of Smell
- Muscle Aches
- Loss of Taste
- Vomiting
- Runny Nose
- Diarrhea (>3 loose stools/day)
If you are experiencing other symptoms, please specify below.

If you selected any symptoms, what date did your symptoms begin?

Have you had a flu vaccine this year?

No
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Have you had a recent close contact with someone who has been diagnosed with COVID-19 or is suspected of having COVID-19?

If yes, select contact. (Select all that apply)

- [ ] Household
- [ ] Healthcare
- [ ] Community
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Have you traveled in the past 14 days?
Last Name *

Address Search (Residential Address Only) *

Apartment, Suite, Unit Number

Email Address *

Phone Number *

Gender *

Primary Care Provider
Please describe your ethnicity. *

Please provide your date of birth. (This will be used to confirm your identity.)

Month *

Day *

Year *
☐ I have read, understand, and agree to the above and consent to participate in testing *

☐ I authorize the use of my information as outlined above. *

Thank you

Thank you for registering for a COVID-19 test.

You’ll soon receive two separate emails:

The first email will confirm your registration for COVID-19 test and contain a QR code that will help facilitate testing at the community test site. You do NOT need the QR code to get tested but it will help speed up the testing process.

The second email is an exposure assessment where you can list people you have in close contact with, places you’ve been to, and any events you’ve attended. This will help us reduce the spread of COVID-19.

For a list of Wisconsin community testing sites, please go to our “COVID-19: How to Get Tested” page by following this link: Wisconsin Department of Health Services.