

Dare County DHHS – Public Health

COVID-19 Test Tracking Form

Patient Label

Name of Facility _____

Date of Testing _____

Race: White Black/African American Asian American Indian

Ethnicity: Hispanic Non-Hispanic

- Symptomatic
- Asymptomatic
- Exposure
- Pre-op Screening (Non-PUI)
- Screening only (Non-PUI)

Reason for Testing _____

Comments: _____

Isolation Guidance Given Yes No

Fax a copy of this completed form along with a one page facesheet for every test conducted to:

Debbie Dutton
DC DHHS – Public Health
252-473-2153

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