



Kelly Parker-Mello, MD
Sherry Pleau, PNP

Date: _____

Time: _____

First Name, MI, Last Name: _____

DOB: _____ Gender: Male Female

Address: _____

Preferred Phone #: _____ C W H

Race: American Indian or Alaska Native Asian White/Caucasian

 Black or African American Native Hawaiian or Other Pacific Islander

 Unknown Refuse to answer

Ethnicity: Hispanic/Latino Not Hispanic/Latino Prefer not to answer

Is this your first COVID test? _____

Do you work in a high-risk industry? school system healthcare prison other

List any current symptoms: _____