

DEMOGRAPHICS

***First Name** _____

***Last Name** _____

Middle Name _____

Suffix _____

***DOB** _____

***Gender** _____

Email Address _____

***Ethnicity** Non-Hispanic / Hispanic (circle one) _____

***Race** _____

***County** _____

*** = REQUIRED**

***Street** _____

***City** _____

***State** _____

***Zip** _____

***Home Phone** _____

	(circle one)
*First Test	Yes / No / Unknown
*Employed in Healthcare	Yes / No / Unknown
*Symptomatic	Yes / No / Unknown
If symptomatic, then Date of Symptom Onset	____/____/____
*Pregnant	Yes / No / Unknown