Jordan Valley Medical Center
Jordan Valley Medical Center
West Valley Campus
Mountain Point Medical Center
A Campus of Jordan Valley Medical Center
STEWARD FAMILY HOSPITALS
Steward

Registration Form for COVID-19 Testing
2019-Novel Severe Acute Respiratory Syndrome Coronavirus (SARS-COV2)

This is a COVID testing service only and not intended to provide medical evaluation or treatment. If you are in need of a medical examination, or if you would like to see a medical provider or are seeking treatment for a medical condition, please go to our emergency department or call your primary care doctor.

Patient Information

Full Name		Gender
Date of Birth	Social Security #	
Address		
City	State	Zip Code
Home Phone #	Cell Phone #	
Race	Ethnic Group	
Preferred Language	Email Address	

Insurance Subscriber Information PLEASE PROVIDE A COPY OF YOUR INSURANCE AND ID CARD

Subscriber Name		Subscriber Date of Birth
Relationship to Patient		
Insurance Company	Insurance ID#	
Subscriber Address		
City	State	Zip Code
Subscriber Phone #		

Employed ☐ Full -time ☐ Part-time ☐ Where _____

☐ Is this testing being done in preparation for an upcoming surgery or procedure? **(Z11.59)**
If yes, when is the surgery or procedure scheduled?_____
Campus/Location of surgery or procedure _____
Who is your surgeon/physician?_____

If you DO NOT have a physician order, please answer the following clinical information

History of Exposure

☐ Close contact with confirmed positive case of COVID-19, within last 14 days (Z11.59)

Referral Testing Request from Health Department

☐ Contact tracing referral from Health Department
Referral #_____ (if known) (Z11.59)

Symptoms, check all that apply

- ☐ Cough (R05)
- ☐ Shortness of Breath (R06.00)
- ☐ Fever (R50.9)
- ☐ Sore Throat (J02.9)
- ☐ Muscle aches (M79.1)
- ☐ Chills or repeated shaking (R68.83)
- ☐ Decreased sense of smell/taste (R43.0)
- ☐ Congestion or runny nose (R0981)
- ☐ Nausea or Vomiting (R112)
- ☐ Headache (R519)
- ☐ Diarrhea (R197)

Belong to any of the following high risk groups?*

- ☐ Chronic Obstructive Pulmonary Disease (COPD)
- ☐ Congestive Heart Failure
- ☐ Immunocompromised
- ☐ Diabetes *(Z11.9)
- ☐ Age >50
- ☐ Smoker