

Drive-Through COVID-19 Testing Event

ድራይቭ-ቩ ስሩ መርመራ ኮቪድ-19 (COVID-19)

Patient Intake Form ቅጥዒ ምዝገባ ተመርማሪ

SECTION ONE: Basic Information ቀዳማይ ክፋል፣ መበእታዊ ሓበሬታ

You will receive COVID-19 testing regardless of immigration status.

ኩነታት ጉዳይ ኢሚግሬሽንኩም ብዘየገደደሰ መርመራ ኮቪድ-19(COVID-19) ከግበረልኩም እዩ።

Patient Name (Last, First): ስም ተመርማሪ (ዳካረዋይ፣ ቀዳማይ)		Date of Birth ዕለተ ልደት (mm/dd/yyyy) (ወር/መዓ/ዓ-ም)	
Street Address ቁ. ዝነ ጎደናን	City ከተማ	State ስቴት	Zip Code ዚፕ ኮድ
Phone Number (with area code) ቁጽሪ ቴሌፎን (ምስ መአተዊ ቁጽሪ)	How do you identify? ብኸመይ ትልለ(ጾታ)	<input type="checkbox"/> Male ተባዕታይ <input type="checkbox"/> Female ኣንስታይ <input type="checkbox"/> Preference (Please specify) ካልእ ምርጫ(በጃኹም ግለጽዎ) _____	
Race/Ethnicity ዘርኢ/ዓሊት	Preferred ትመርጹ Language ቋንቋ		

SECTION TWO: Insurance Information ካልኣይ ክፋል፣ ሓበሬታ መድሕን ጥዕና (ኢንሹራንስ)

Please fill out this section if you have insurance. Note that your insurance will not charge you for these services. **You will still be tested for FREE if you don't have insurance.**

መድሕን ጥዕና እንተሊዩኩም ብኸብረትኩም ነዚ ክፋል ምልእዎ። ንኸትፈልጡ፡ ኢንሹራንስኩም መርመራ ጌርኩም ኢሉ ኣይከክፍለኩምን እዩ። **ዋላ መድሕን ጥዕና ኣይሃልኹም፡ ብናጻ መርመራ ከትገብሩ ትኸእሉ ኢኹም።**

Insurance Name ስም መድሕን ጥዕና	Subscriber ID ቁጽሪ መዝገብ
Subscriber Name (If different) ስም ተመዝጋቢ መድሕን ጥዕና (ካልእ እንተኾይኑ)	Group # ቁጽሪ ጉጅለ፡
Insurance Address ኣድራሻ ኩባንያ መድሕን	