

Columbiana Clinic

Please Make Appointment
(205) 669-3138

Coronavirus Drive Through Testing

Name:		Date of Birth:
Address:		
Home Phone Number:		
Cell Phone Number:		
Medical History		
Do You Have:		
Asthma <input type="checkbox"/>	COPD <input type="checkbox"/>	Other Lung Disease <input type="checkbox"/>
Diabetes <input type="checkbox"/>	Heart Disease <input type="checkbox"/>	Kidney Disease <input type="checkbox"/>
Liver Disease <input type="checkbox"/>		
List Other Medical Conditions:		
Are you Immocompromised (History of immune deficiency, on Chemotherapy, taking immunosuppressants)?		
		Yes <input type="checkbox"/>
		No <input type="checkbox"/>
Please Bring a list of Medications		or list Medications:
Allergies:		
Smoking History		
		Current Smoker <input type="checkbox"/>
		Former Smoker <input type="checkbox"/>
		Non-smoker <input type="checkbox"/>
Are you a Healthcare Worker?		
		Yes <input type="checkbox"/>
		No <input type="checkbox"/>
Have you had contact with someone that tested positive for COVID-19?		
		Yes <input type="checkbox"/>
		No <input type="checkbox"/>
		Unsure <input type="checkbox"/>