

# Antigen Testing Results

For POSITIVE Cases, please complete and fax DAILY to your local [CMDHD Branch Office](#)

## Facility Information

Total Number of People Tested:

Facility Name: \_\_\_\_\_ Facility Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Full Name of Contact Person at Facility: \_\_\_\_\_

Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Testing Date: \_\_\_\_\_

## Provider Information, if available

Provider Full Name: \_\_\_\_\_

Provider Affiliation (if different from above): \_\_\_\_\_ Provider Phone: \_\_\_\_\_

### REPORT POSITIVE INDIVIDUAL(S) BELOW

#### Individual 1

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone \_\_\_\_\_ Other Phone \_\_\_\_\_ Sex:  M  F  Unknown

Race:  American Indian/Alaska Native  Black/African American  Asian  Caucasian

Hawaiian/Pacific Islander  Other \_\_\_\_\_  Unknown

Ethnicity: Hispanic/Latino:  Yes  No  Unknown Arab/Middle Eastern:  Yes  No  Unknown

COVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea):  Yes  No  Unknown

Comments (e.g., different test date): \_\_\_\_\_

**Test Result:**  Positive  Negative  Invalid  Unknown *Check if Confirmatory PCR Testing is Pending:*

#### Individual 2

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone \_\_\_\_\_ Other Phone \_\_\_\_\_ Sex:  M  F  Unknown

Race:  American Indian/Alaska Native  Black/African American  Asian  Caucasian

Hawaiian/Pacific Islander  Other \_\_\_\_\_  Unknown

Ethnicity: Hispanic/Latino:  Yes  No  Unknown Arab/Middle Eastern:  Yes  No  Unknown

COVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea):  Yes  No  Unknown

Comments (e.g., different test date): \_\_\_\_\_

**Test Result:**  Positive  Negative  Invalid  Unknown *Check if Confirmatory PCR Testing is Pending:*

#### Individual 3

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone \_\_\_\_\_ Other Phone \_\_\_\_\_ Sex:  M  F  Unknown

Race:  American Indian/Alaska Native  Black/African American  Asian  Caucasian

Hawaiian/Pacific Islander  Other \_\_\_\_\_  Unknown

Ethnicity: Hispanic/Latino:  Yes  No  Unknown Arab/Middle Eastern:  Yes  No  Unknown

COVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea):  Yes  No  Unknown

Comments (e.g., different test date): \_\_\_\_\_

**Test Result:**  Positive  Negative  Invalid  Unknown *Check if Confirmatory PCR Testing is Pending:*

#### Individual 4

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone \_\_\_\_\_ Other Phone \_\_\_\_\_ Sex:  M  F  Unknown

Race:  American Indian/Alaska Native  Black/African American  Asian  Caucasian

Hawaiian/Pacific Islander  Other \_\_\_\_\_  Unknown

Ethnicity: Hispanic/Latino:  Yes  No  Unknown Arab/Middle Eastern:  Yes  No  Unknown

COVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea):  Yes  No  Unknown

Comments (e.g., different test date): \_\_\_\_\_

**Test Result:**  Positive  Negative  Invalid  Unknown *Check if Confirmatory PCR Testing is Pending:*

Facility Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**Individual 5**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone \_\_\_\_\_ Other Phone \_\_\_\_\_ Sex:  M  F  UnknownRace:  American Indian/Alaska Native  Black/African American  Asian  Caucasian  
 Hawaiian/Pacific Islander  Other \_\_\_\_\_  UnknownEthnicity: Hispanic/Latino:  Yes  No  Unknown Arab/Middle Eastern:  Yes  No  UnknownCOVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea):  Yes  No  Unknown

Comments (e.g., different test date): \_\_\_\_\_

**Test Result:**  Positive  Negative  Invalid  Unknown*Check if Confirmatory PCR Testing is Pending:***Individual 6**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone \_\_\_\_\_ Other Phone \_\_\_\_\_ Sex:  M  F  UnknownRace:  American Indian/Alaska Native  Black/African American  Asian  Caucasian  
 Hawaiian/Pacific Islander  Other \_\_\_\_\_  UnknownEthnicity: Hispanic/Latino:  Yes  No  Unknown Arab/Middle Eastern:  Yes  No  UnknownCOVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea):  Yes  No  Unknown

Comments (e.g., different test date): \_\_\_\_\_

**Test Result:**  Positive  Negative  Invalid  Unknown*Check if Confirmatory PCR Testing is Pending:***Individual 7**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone \_\_\_\_\_ Other Phone \_\_\_\_\_ Sex:  M  F  UnknownRace:  American Indian/Alaska Native  Black/African American  Asian  Caucasian  
 Hawaiian/Pacific Islander  Other \_\_\_\_\_  UnknownEthnicity: Hispanic/Latino:  Yes  No  Unknown Arab/Middle Eastern:  Yes  No  UnknownCOVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea):  Yes  No  Unknown

Comments (e.g., different test date): \_\_\_\_\_

**Test Result:**  Positive  Negative  Invalid  Unknown*Check if Confirmatory PCR Testing is Pending:***Individual 8**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone \_\_\_\_\_ Other Phone \_\_\_\_\_ Sex:  M  F  UnknownRace:  American Indian/Alaska Native  Black/African American  Asian  Caucasian  
 Hawaiian/Pacific Islander  Other \_\_\_\_\_  UnknownEthnicity: Hispanic/Latino:  Yes  No  Unknown Arab/Middle Eastern:  Yes  No  UnknownCOVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea):  Yes  No  Unknown

Comments (e.g., different test date): \_\_\_\_\_

**Test Result:**  Positive  Negative  Invalid  Unknown*Check if Confirmatory PCR Testing is Pending:***Individual 9**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone \_\_\_\_\_ Other Phone \_\_\_\_\_ Sex:  M  F  UnknownRace:  American Indian/Alaska Native  Black/African American  Asian  Caucasian  
 Hawaiian/Pacific Islander  Other \_\_\_\_\_  UnknownEthnicity: Hispanic/Latino:  Yes  No  Unknown Arab/Middle Eastern:  Yes  No  UnknownCOVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea):  Yes  No  Unknown

Comments (e.g., different test date): \_\_\_\_\_

**Test Result:**  Positive  Negative  Invalid  Unknown*Check if Confirmatory PCR Testing is Pending:*

**Individual 10**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone \_\_\_\_\_ Other Phone \_\_\_\_\_ Sex:  M  F  UnknownRace:  American Indian/Alaska Native  Black/African American  Asian  Caucasian  
 Hawaiian/Pacific Islander  Other \_\_\_\_\_  UnknownEthnicity: Hispanic/Latino:  Yes  No  Unknown Arab/Middle Eastern:  Yes  No  UnknownCOVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea):  Yes  No  Unknown

Comments (e.g., different test date): \_\_\_\_\_

**Test Result:**  Positive  Negative  Invalid  Unknown*Check if Confirmatory PCR Testing is Pending:***Individual 11**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone \_\_\_\_\_ Other Phone \_\_\_\_\_ Sex:  M  F  UnknownRace:  American Indian/Alaska Native  Black/African American  Asian  Caucasian  
 Hawaiian/Pacific Islander  Other \_\_\_\_\_  UnknownEthnicity: Hispanic/Latino:  Yes  No  Unknown Arab/Middle Eastern:  Yes  No  UnknownCOVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea):  Yes  No  Unknown

Comments (e.g., different test date): \_\_\_\_\_

**Test Result:**  Positive  Negative  Invalid  Unknown*Check if Confirmatory PCR Testing is Pending:***Individual 12**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone \_\_\_\_\_ Other Phone \_\_\_\_\_ Sex:  M  F  UnknownRace:  American Indian/Alaska Native  Black/African American  Asian  Caucasian  
 Hawaiian/Pacific Islander  Other \_\_\_\_\_  UnknownEthnicity: Hispanic/Latino:  Yes  No  Unknown Arab/Middle Eastern:  Yes  No  UnknownCOVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea):  Yes  No  Unknown

Comments (e.g., different test date): \_\_\_\_\_

**Test Result:**  Positive  Negative  Invalid  Unknown*Check if Confirmatory PCR Testing is Pending:***Individual 13**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone \_\_\_\_\_ Other Phone \_\_\_\_\_ Sex:  M  F  UnknownRace:  American Indian/Alaska Native  Black/African American  Asian  Caucasian  
 Hawaiian/Pacific Islander  Other \_\_\_\_\_  UnknownEthnicity: Hispanic/Latino:  Yes  No  Unknown Arab/Middle Eastern:  Yes  No  UnknownCOVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea):  Yes  No  Unknown

Comments (e.g., different test date): \_\_\_\_\_

**Test Result:**  Positive  Negative  Invalid  Unknown*Check if Confirmatory PCR Testing is Pending:***Individual 14**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone \_\_\_\_\_ Other Phone \_\_\_\_\_ Sex:  M  F  UnknownRace:  American Indian/Alaska Native  Black/African American  Asian  Caucasian  
 Hawaiian/Pacific Islander  Other \_\_\_\_\_  UnknownEthnicity: Hispanic/Latino:  Yes  No  Unknown Arab/Middle Eastern:  Yes  No  UnknownCOVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea):  Yes  No  Unknown

Comments (e.g., different test date): \_\_\_\_\_

**Test Result:**  Positive  Negative  Invalid  Unknown*Check if Confirmatory PCR Testing is Pending:*

**Individual** \_\_\_\_\_  
Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone \_\_\_\_\_ Other Phone \_\_\_\_\_ Sex:  M  F  Unknown  
Race:  American Indian/Alaska Native  Black/African American  Asian  Caucasian  
 Hawaiian/Pacific Islander  Other \_\_\_\_\_  Unknown  
Ethnicity: Hispanic/Latino:  Yes  No  Unknown Arab/Middle Eastern:  Yes  No  Unknown  
COVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea):  Yes  No  Unknown  
Comments (e.g., different test date): \_\_\_\_\_  
**Test Result:**  Positive  Negative  Invalid  Unknown *Check if Confirmatory PCR Testing is Pending:*

**Individual** \_\_\_\_\_  
Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone \_\_\_\_\_ Other Phone \_\_\_\_\_ Sex:  M  F  Unknown  
Race:  American Indian/Alaska Native  Black/African American  Asian  Caucasian  
 Hawaiian/Pacific Islander  Other \_\_\_\_\_  Unknown  
Ethnicity: Hispanic/Latino:  Yes  No  Unknown Arab/Middle Eastern:  Yes  No  Unknown  
COVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea):  Yes  No  Unknown  
Comments (e.g., different test date): \_\_\_\_\_  
**Test Result:**  Positive  Negative  Invalid  Unknown *Check if Confirmatory PCR Testing is Pending:*

**Individual** \_\_\_\_\_  
Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone \_\_\_\_\_ Other Phone \_\_\_\_\_ Sex:  M  F  Unknown  
Race:  American Indian/Alaska Native  Black/African American  Asian  Caucasian  
 Hawaiian/Pacific Islander  Other \_\_\_\_\_  Unknown  
Ethnicity: Hispanic/Latino:  Yes  No  Unknown Arab/Middle Eastern:  Yes  No  Unknown  
COVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea):  Yes  No  Unknown  
Comments (e.g., different test date): \_\_\_\_\_  
**Test Result:**  Positive  Negative  Invalid  Unknown *Check if Confirmatory PCR Testing is Pending:*

**Individual** \_\_\_\_\_  
Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone \_\_\_\_\_ Other Phone \_\_\_\_\_ Sex:  M  F  Unknown  
Race:  American Indian/Alaska Native  Black/African American  Asian  Caucasian  
 Hawaiian/Pacific Islander  Other \_\_\_\_\_  Unknown  
Ethnicity: Hispanic/Latino:  Yes  No  Unknown Arab/Middle Eastern:  Yes  No  Unknown  
COVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea):  Yes  No  Unknown  
Comments (e.g., different test date): \_\_\_\_\_  
**Test Result:**  Positive  Negative  Invalid  Unknown *Check if Confirmatory PCR Testing is Pending:*

**Individual** \_\_\_\_\_  
Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone \_\_\_\_\_ Other Phone \_\_\_\_\_ Sex:  M  F  Unknown  
Race:  American Indian/Alaska Native  Black/African American  Asian  Caucasian  
 Hawaiian/Pacific Islander  Other \_\_\_\_\_  Unknown  
Ethnicity: Hispanic/Latino:  Yes  No  Unknown Arab/Middle Eastern:  Yes  No  Unknown  
COVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea):  Yes  No  Unknown  
Comments (e.g., different test date): \_\_\_\_\_  
**Test Result:**  Positive  Negative  Invalid  Unknown *Check if Confirmatory PCR Testing is Pending:*

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