Maniilaq Association
Declaration Form and Testing Consent

	POC or In-house
	ANMC Send Out
	Other Send Out

CHOOSE SITE: ☐ **Airport** ☐ **Modular** ☐ **Village Clinic** ☐ **Residential**

☐	Village Travel	☐	State of Alaska (Police)
☐	Teacher	☐	Nullagvik Hotel Management
☐	Maniilaq Employee	☐	Airline Employee
☐	Contractors	☐	Other
☐	Essential Worker	☐	Possible contact

Name: **DOB:** **Cell Phone:**

Date: **Temp:** **Employer:** **Gender:**

Address: **City, State, Zip:** **Phone:**

Hunker Down Location:

Address: **City/Village:** **Phone:**

Have you had a Covid test in the last 72 hours?	YES ☐	NO ☐
Results Verified	YES ☐	NO ☐

Do you have any of these symptoms?

SYMPTOMS	YES	NO
Fever	☐	☐
Cough	☐	☐
Sore Throat	☐	☐
Runny Nose	☐	☐
Diarrhea	☐	☐
Difficulty Breathing	☐	☐
New Loss of taste or smell	☐	☐
Fatigue, Body, Muscle Aches, Headache, Nausea or Vomiting	☐	☐

Patient/Guardian Consent:

CONSENT	YES	NO
I consent to a specimen collection for Covid-19	☐	☐
I consent to receiving a phone call about my results	☐	☐
I consent to having my results text to my cell phone listed above	☐	☐
I am a beneficiary	☐	☐
The IRA can be notified of my Covid Test Results if Positive	☐	☐

SIGNATURE: _____ **Date:** _____

-CLINICAL USE ONLY-

MRN_____**Encounter**_____ **Results -- / +**

Date called _____ **Left Message** _____**Spoke w/patient**____ **Caller**_____ **Care Msg:** ____

Notes: _____

CONTACT LOCAL IRA FOR FURTHER REQUIREMENTS Hunker Down Recommended For All