



COVID-19

PUI FORM



**Public Health**  
Prevent. Promote. Protect.

MONROE COUNTY HEALTH DEPARTMENT

TEST DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
                    MONTH      DAY      YEAR

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
                            MONTH      DAY      YEAR

GENDER: (CHECK ONE)      ☐ MALE      ☐ FEMALE

PHONE NUMBER: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

COUNTY: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

ARE YOU A HEALTHCARE WORKER?      ☐ YES      ☐ NO

DO YOU HAVE SYMPTOMS?      ☐ YES      ☐ NO

MAY WE LEAVE A VOICE MESSAGE ABOUT YOUR RESULTS?

☐ YES      ☐ NO