

RAVALLI COUNTY COVID-19 INTAKE FORM

1. DATE:

2. NAME:

LAST

FIRST

M.I.

3. DATE OF BIRTH:

SEX:

M F

4. PHYSICAL ADDRESS:

CITY

STATE

ZIP

5. PHONE #:

6. EMAIL:

7. DATE OF FIRST SYMPTOMS

8. TEST DATE:

9. DATE OF TEST RESULTS:

10. SYMPTOMS:

Fever (Temperature

)

Headache

Chills

Fatigue

Rigors

Cough

Aches

Wheeze

Sinus

Short of Breath

Sore Throat

Dyspnea

Taste/Smell

Chest Pain

Abdominal Pain

Loss of Appetite

Nausea

Vomiting

Diarrhea

11. HEALTH CONDITIONS:

Diabetes

Hypertension

Obesity

Lung/Asthma

OTHER:

Immune Issues

Smoker

Psychological

Pregnant

Y N

12. KNOWN EXPOSURE: NAME:

13. DATE OF LAST CONTACT:

14. LOCATION:

15. EMPLOYER/SCHOOL:

16. EMPLOYER/SCHOOL NOTIFIED:

Always Sometimes Never

Y N N/A

Always Sometimes Never

17. Mask Wearing:

18. Physical Distancing:

19. HOUSEHOLD MEMBERS

OTHER NOTES



Ravalli County Public Health

Prevent. Promote. Protect.

205 Bedford St Suite L, Hamilton, MT 59840-2853

Phone: (406) 375-6671 Fax: (406) 363-7540



COVID-19 Intake Form Instructions

1. Today's Date
2. Please give your full legal name
3. Date of Birth
4. Please provide your physical address where you plan to isolate
5. Please provide a phone number for contact
6. Current email address where isolation and release from isolation letters can be sent
7. Please provide the date your symptoms began
8. Please provide the date you were tested
9. Please provide the date you received your results
10. List any symptoms you have. Check all that apply
11. List any underlying conditions. Check all that apply

Public Health is requesting information regarding your exposure.

12. Do you know if you had an exposure?
13. What was the date of the exposure?
14. Where was the location of the exposure?
15. Are you employed?
16. Has your employer been notified?

Public Health is requesting information regarding the guidelines:



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17. Do you wear a mask? S =Sometimes A = Always N = Never

18. Do you practice physical distancing? S =Sometimes A =Always N =Never

Public Health is requesting information about your household. Our goal is to provide your family with information on quarantine and to help facilitate testing of anyone symptomatic in the home.

Please provide information regarding your household for testing and contact tracing.

19. Household demographics

Provide each members legal name, date of birth and date of symptoms, if any.

Provide a yes if testing is requested.

20. Please provide any questions you may have and a nurse will reach out.

To submit your PDF intake form you can:

- scan it to email and submit it to rcpublichealth@rc.mt.gov
- Save it to your computer and attach it to an email.

Submit completed form to: rcpublichealth@rc.mt.gov an isolation letter will be emailed back to you within 3 business days.

Recovery and Release of Isolation

Please email your request for release of isolation. Most of our residents are recovering in 10 days from symptoms onset. If your symptoms have continued to improve and on day 10, you have no new symptoms and no fever in the last 24 hours, please send an email to: release@rc.mt.gov

A nurse will contact you for release of isolation.