



COVID-19 SCREENING REGISTRATION FORM

DEMOGRAPHIC, EXPOSURE, CLINICAL, AND LABORATORY INFORMATION

Name:	Birthdate:	Sex: M / F
Mailing Address:		
Physical Address (if other than mailing):		
Reservation District (circle one): Fort Hall / Gibson / Ross Fork / Lincoln Creek / Bannock Creek		
Phone Number:	Other Phone Number:	
Emergency Contact Name and Phone Number:		
Medical Insurance:	Policy/Eligibility Number:	
Have you had an exposure with a direct contact? Yes / No / Unknown		Exposure Date:
Type of contact: Community / Household / Work / Unknown / Other:		
Have you had any of the following symptoms in the past 7 days:		
Fever or feverishness: Yes / No	Vomiting: Yes / No	
Chills: Yes / No	Diarrhea: Yes / No	
Cough: Yes / No	Abdominal pain: Yes / No	
Sore throat: Yes / No	Fatigue or feeling run down: Yes / No	
Runny Nose: Yes / No	Muscle pain or body aches: Yes / No	
Nasal congestion: Yes / No	Trouble breathing or shortness of breath: Yes / No	
Headache: Yes / No	Wheezing: Yes / No	
Loss or taste or smell: Yes / No	Chest tightness or chest pain: Yes / No	
Date when symptoms started:		
Have you sought medical care (in person or virtual/telephone) or been seen at the hospital for any of the above symptoms during the last 2 weeks? Yes / No		
If yes, where did you receive care?		
If yes, what medications (including over-the-counter) did you take/were you given?		
Do you have any of the following medical conditions?		
Pregnant: Yes / No		
Diabetes: Yes / No		
Heart problems: Yes / No		
High blood pressure: Yes / No		
Breathing problems like COPD or asthma: Yes / No		
Kidney problems: Yes / No		
Immune disorders like rheumatoid arthritis or lupus: Yes / No		
Currently being treated for cancer: Yes / No		

HOUSEHOLD PREVENTION PRACTICES

In the past 7 days, has your household been cleaning and disinfecting high-touch surfaces in the household daily (e.g., tables, hard-backed chairs, doorknobs, light switches, phones, tablets, touch screens, remote controls, keyboards, handles, desks, toilets, sinks)? Yes / No	
If yes, what frequency?	How many times?
In the past 7 days, have you shared a room to sleep? Yes / No	
If yes, with how many people:	
If yes, how many times?	
If yes, did you sleep in the same bed?	
In the past 7 days, have you shared a bathroom? Yes / No	
If yes, with how many people?	
In the past 7 days, have you and household members been washing/sanitizing hands frequently? Yes / No	

If yes, specify method(s): Running Water / Hauled Water / Sanitizer / Other (specify):
Are you able to isolate a sick person in your household? Yes / No
If yes, specify how:

INDIVIDUAL QUESTIONS ABOUT HOUSEHOLD PRACTICES

In the past 7 days, have your household members been wearing masks when they go out of the house, including to visit other homes? Yes / No
In the past 7 days, have you been sharing common living spaces (for eating, relaxing)? Yes / No If yes, with up to how many people:
Is there currently a COVID-19 positive person in your household? Yes / No In the past 7 days, have you been wearing masks in your house? Yes / No If yes, how often? In the past 7 days, have you shared cups, hugged, or had other close contact with the positive person? Yes / No

Information about Data

The Shoshone-Bannock Tribes are working closely with both the Centers for Disease Control (CDC) and the Indian Health Service to find ways to stop the spread of COVID-19 in our community. The community testing project was recommended by a member of the President’s Task Force on COVID-19 as a possible way to reduce the spread. Because we are continuing to look for ways to control this virus, information from our testing program will be shared with research scientists. These scientists will look for trends and reasons why this spreads so quickly on reservations and send back practical ideas to try (like family members having assigned cups and plates) based on what they see. This will also be shared with other communities throughout Indian Country.

To give an example of the information shared with the researchers:

- Case 1 - male, 45, asthma, positive for COVID-19, does not wear mask, has 8 people living in household, was exposed to virus at work.
- Case 2 – female, 95, diabetes, positive for COVID-19, does wear mask, has 4 people living in household, was exposed to virus by family member

If you have any questions concerning the sharing of your data please call the IHS hotline at 877-664-0604.

This form is the standard annual IHS form needed for our health records. Please call 208-238-5442 if you have any questions about this form.

(next page...)

Statement for Maintenance of Health Records

The purpose of requesting your personal medical history is to obtain information necessary for effective medical treatment. Your medical record contains what you tell the health care provider is wrong with you or how you feel. Your answer could have an effect on the type of care you receive. Therefore, it is in your best interest to provide complete and correct information so that we will be able to carry out our responsibility of providing you proper care. The results of our physical examination, laboratory test, medications, treatment, or surgical procedures you receive in Indian Health Service facilities are recorded in your medical record. Certain information is stored in the Indian Health Service Data System for statistical purposes.

Indian Health Service personnel may not reveal the contents of your record without your written permission, except when they are permitted to do so by law. Examples of situations where we will release information without your prior written consent are: 1. Pursuant to the order of a court of competent jurisdiction; 2. Certain medical conditions (primarily communicable diseases that must be reported to various health departments and other health statistical gathering centers); 3. To qualified organizations which provide health services to American Indians and Alaska Natives for the purpose of planning for or providing such services, to conduct research and evaluation studies to report to State Agencies as required by State Law, to prepare for litigation on behalf of the Federal Government; and 4. To third parties (other than the Indian Health Service) responsible for the payment of medical expenses incurred by the patient while being treated by the Indian Health Service or private providers under contract with the Indian Health Services.

Public Laws 83-568, 85-151, and 93-222 give the Indian Health Service the authority to collect and maintain health records. For a comprehensive list of situations in which Indian Health Service may release information from your records without your permission, you should see the Department of Health and Human Services Annual Publications of Systems of Records published in the Federal Register annually.

Authorization to Obtain Information and Assignment of Benefits

For continuity of care, the Indian Health Service may disclose limited medical information on a need to know basis to referred contract medical providers and hospitals. In accordance with Public law 83-568, 85-151, and 93-222 Indian Health Service has the authority to bill third party insurance for the provision of medical care provided at the Indian Health Service facility. Indian Health Service may disclose specific information to all alternative resources for the collection of third-party payment.

I hereby assign to the Indian Health Service such insurance benefits the effective date below.

I have read and understand the Authorization to Obtain Information and Assignment of Benefits and do hereby give the Indian Health Service my authorization to collect payment from third parties (such as Medicare, Medicaid, Workmen's compensation, etc.) on my behalf.

Applicant Signature

Date

Witness

Date

COVID-19 Test Information

Lab Test Date:	Test Kit Lot #:
Test Result: Positive / Negative	