

COVID-19 Surveillance Testing Form: JMU STUDENTS

Please fill in information if possible

NAME:

DOB:

CURRENT **LOCAL** ADDRESS:

PHONE NUMBER:

JMU EMAIL:

GENDER:

ETHNICITY (Check One):

- ☐ African American
☐ Not Hispanic/Latino

- ☐ Caucasian
☐ Not Specified

☐ Hispanic

RACE (Check One):

- ☐ American Indian/
Alaska Native
☐ Native Hawaiian

- ☐ Asian
☐ White

- ☐ Black
☐ Other Race

☐ Unknown