

Patient Information

First Name: ALEJANDRO Last Name: ROSALEZ Date of Birth: 10/10/1982
Sex: M Marital Status: MARRIED Email Address: _____
Address: 123 ANY STREET City: ANYTOWN
State: CA Zip Code: 12345 Phone: 646-555-0111

Emergency Contact 1:

First Name: CARLOS Last Name: SALAZAR
Phone: 212-555-0150 Relationship to Patient: BROTHER

Emergency Contact 2:

First Name: JANE Last Name: DOE
Phone: 650-555-0123 Relationship to Patient: FRIEND

Did you feel fever or feverish lately?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are you having shortness of breath?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you have a cough?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Did you experience loss of taste or smell?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Where you in contact with any confirmed COVID-19 positive patients?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Did you travel in the past 14 days to any regions affected by COVID-19?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Employment Application

Applicant Information

Full Name: Jane Doe

Phone Number: 555-0100|

Home Address: 123 Any Street, Any Town, USA

Mailing Address: same as home address

Previous Employment History				
Start Date	End Date	Employer Name	Position Held	Reason for leaving
1/15/2009	6/30/2011	Any Company	Assistant Baker	Family relocated
7/1/2011	8/10/2013	Best Corp.	Baker	Better opportunity
8/15/2013	present	Example Corp.	Head Baker	N/A, current employer