

## COVID-19 CASE REPORT FORM (School / Childcare)

Name of Student/Employee: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Gender:  Male  Female Race: \_\_\_\_\_  Hispanic  Non-Hispanic Interpreter?  Yes  No

Parent(s)/ Guardian: \_\_\_\_\_ Home phone#: \_\_\_\_\_

Cell or work phone#: \_\_\_\_\_ E-mail \_\_\_\_\_

School: \_\_\_\_\_ Teacher/Grade: \_\_\_\_\_

Extracurricular Team(s)/School Activities: \_\_\_\_\_

Bus Rider?  Yes  No Does the student/employee change classrooms during day?  Yes  No

COVID-19 Test?  Yes  No  Unknown Lab result provided to school nurse?  Yes  No

Lab Date: \_\_\_\_\_ Testing Facility: \_\_\_\_\_

Sibling or family member who attends/works at the school?  Yes  No (If yes, please include on line list on pg. 2-3)

Hospitalized:  Yes  No  Unknown Facility: \_\_\_\_\_ Date of Admission: \_\_\_\_\_

**IF SYMPTOMATIC:** Symptom onset date: \_\_\_/\_\_\_/\_\_\_  Unknown

- *Infectious period starts 2 days before symptom onset* Infectious period onset date: \_\_\_/\_\_\_/\_\_\_
- *Isolation period: 10 days starting from symptom onset AND 24 hours fever-free with improvement of symptoms*

**IF ASYMPTOMATIC:** Lab collection date: \_\_\_/\_\_\_/\_\_\_  Unknown

- *Infectious period starts 2 days before lab collection date* Infectious period onset date: \_\_\_/\_\_\_/\_\_\_
- *Isolation period: 10 days starting from positive lab date unless symptoms develop, then use criteria for symptomatic cases*

Close contacts of the positive Student/Employee identified?  Yes  No (If Yes, please complete line list on pages 2-3)

- *Close contact: Less than 6 feet for more than 15 minutes during the positive student/employee's infectious period (this time frame is cumulative)*
- *Quarantine period for close contacts of positive student/employee: 14 days from date of **last exposure**, regardless of obtaining a negative test result during the 14 days*
- *DPH recommends that close contacts of positive students/employees wait 10 days from last date of exposure to be tested, unless symptoms develop sooner.*

Date(s) of school attendance OR participation in extracurricular activities during the infectious period

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## COVID-19 CLOSE CONTACTS

Call North Central Health District Epidemiology to report case (478-751-6303) AND fax (478-751-6074) or send this report by encrypted e-mail (NCHD.EPI@dph.ga.gov)

Facility Name: \_\_\_\_\_

Date: \_\_\_\_\_

Name* (Last name, first name)	DOB	Home Address	Phone Number* (preferably cell phone)	Last Date of Exposure*	Exposure Type to Case Is the contact a student, teacher or support staff?
Ex. John Smith	01/23/45	123 XYZ., Macon, GA 31201	123-456-7891	7/1/20	Worked w/ employee (case) on 7/1/20, less than 6ft apart

\*Required field: These variables are required to ensure complete and timely contact tracing.

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Ex. John Smith	01/23/45	123 XYZ., Macon, GA 31201	123-456-7891	7/1/20	Worked w/ employee (case) on 7/1/20, 4hr shift, less than 6ft

\*Required field: These variables are required to ensure complete and timely contact tracing.