

Childcare and School Reporting of COVID-19 Positive Case and Exposure Form

This form must be completed online. Visit <http://www.icphd.org/health-information-and-resources/healthy-facts/covid-19/guidance-and-resources/schools-and-childcare/> to complete the Childcare and Schools Reporting of COVID-19 Positive Case and Exposure form.

For additional information or guidance, contact Vanessa Caldera at (442) 265-1378.

FACILITY INFORMATION
Type: <input type="checkbox"/> Childcare <input type="checkbox"/> School <input type="checkbox"/> other: _____
Facility Name:
Facility Address:
Point of Contact:
Point of Contact Phone #:
Point of Contact Email:

CONFIRMED COVID-19 CASE INFORMATION	
<input type="checkbox"/> Teacher <input type="checkbox"/> Student <input type="checkbox"/> Administrator <input type="checkbox"/> Other _____	
Name:	DOB:
Address:	Gender:
Last Day of Attendance:	Phone:
If Student, Parent/Guardian Name:	Grade Level: Room #:
E-mail:	
Extracurricular Activities:	
Relevant Case Notes:	
What measures were taken to prevent the spread of COVID-19? <input type="checkbox"/> Confirmed case is in isolation and not in attendance <input type="checkbox"/> Increased education provided on personal hygiene (respiratory and hand washing) <input type="checkbox"/> Close contact(s) have been informed/notified of exposure <input type="checkbox"/> Close contacts/cohort of student/staff were sent home to complete quarantine <input type="checkbox"/> Environmental measures (cleaning & disinfecting).	

CONFIRMED COVID-19 - CLINICAL INFORMATION	
Symptoms at the time: <input type="checkbox"/> No <input type="checkbox"/> Yes: _____	
Symptom Resolution Date:	First Day of Symptoms:
Testing Facility or Provider/Doctor's Information (Name and Phone Number):	

COVID-19 EXPOSURE
Did reported COVID-19 Case expose others in the facility: <input type="checkbox"/> Yes <input type="checkbox"/> No, end form.
Will you be reporting more than 10 individual exposures? <input type="checkbox"/> Yes (Please e-mail exposure list to phepireport@co.imperial.ca.us) <input type="checkbox"/> No, complete form electronically

LIST OF EXPOSED			
	Name of Person Exposed	DOB	Student/Teacher/Administrator
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			