

COVID-19 Reporting Form

Instructions: Use this form when receiving a report from an employee or student who has been diagnosed or exposed to COVID-19. Supervisors must complete and submit this form to HR immediately after receiving confirmation of a positive test/exposure to COVID-19. Attach additional documentation that will assist HR in processing this information. This request must be signed by the supervisor prior to submitting for review.

SECTION A: SUPERVISOR INFORMATION (please print)

Name	Title
Department/Campus	Phone

SECTION B: EMPLOYEE/STUDENT REPORTING INFORMATION

Name of Student/Employee _____ Campus/Department _____
Employee Job Title _____ Date of Notice _____
Address _____ City _____ State _____
DOB _____ Phone Number _____ Email _____
Date and Location Employee/Student was last physically present on District Property _____
Identify all facilities Employee/Student utilized _____

SECTION C: CONTACT TRACING: LIST ALL INDIVIDUALS KNOWN TO HAVE CLOSE CONTACT WITH EMPLOYEE/STUDENT WHILE AT [] ISD IN LAST 14 DAYS. INDIVIDUAL SCENARIOS SHOULD BE DETERMINED BY THE LOCAL HEALTH DEPARTMENT. In general, close contact is defined as: (a) being directly exposed to infectious secretions (e.g., being coughed); or (b) being within 6 feet for a cumulative duration of 15 minutes, however, additional factors like case/contact masking (i.e., both the infectious individual and the potential close contact have been consistently and properly masked), ventilation, presence of dividers, and case symptomology may affect this determination. Either (a) or (b) defines close contact if it occurred during the infectious period of the case, defined as two days prior to symptom onset to 10 days after symptom onset. In the case of asymptomatic individuals who are lab-confirmed with Covid-19, the infectious period is defined as two days prior to the confirming lab test and continuing for 10 days following the confirming lab test.

Student summary data from SKYWARD is enclosed [] YES [] NO. If no, you must supplement this form as soon as possible.

Student seating charts enclosed [] YES [] NO. If no, you must provide the health dept. the seating charts as soon as possible.

Name _____ Date _____ Time _____
Address _____ City _____ State _____
DOB _____ Phone Number _____ Email _____

Name _____ Date _____ Time _____
Address _____ City _____ State _____
DOB _____ Phone Number _____ Email _____

Name _____ Date _____ Time _____
Address _____ City _____ State _____
DOB _____ Phone Number _____ Email _____

SECTION D: DESCRIPTION OF REPORTED DIAGNOSIS (ATTACH MEDICAL DOCUMENTATION IF PRESENTED)

Confirmation of diagnosis is enclosed Yes [] No []. If no, you must supplement this form with medical documentation as soon as possible.