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| **School Intake Form** | |
| **School Name:** | |
| **Your Name:** | |
| **School Notified on:** | |
| **CASE INFORMATION:** | |
| **Case Name:** | **DOB:** |
| **Address:** | **Phone #:** |
| **Clinically Compatible COVID-19 Symptoms:**  **Yes: No:**  **Date:** | **COVID Vaccination:**  **Yes: No:**  **Name of Vaccine:**  **Date Dose 1: Date of Dose 2:** |
| **Last Date at School:** | |
| **Does this case attend another school/program?**  **Yes: No:**  **Where:** | **Classroom/Cohort:**  **Extracurricular Activities:** |
| **Was COVID-19 Testing Performed?**  **Yes: No:**  **Date:**  **Testing Site:** |
| **Is this case a known close contact of a previously reported COVID-19 case in school / school activity?**  **Yes: No:**  **Name: DOB:**  **Date of Exposure:** | |
| **Is there a known out of school exposure?**  **Yes: No:**  **Specify:** | |
| **Case was in school while infectious:**  **# close contacts staff:**  **#close contact students:**  **# in district household members:** | **Case was not in school while infections:**  **# in district household members:** |