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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:** |