Please complete this form in its entirety as all of the information is required when reporting for Public Health action.

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:

Was COVID-19 Testing Performed?
Yes: **No:**
Date:

Testing Site:

Classroom/Cohort:

Extracurricular Activities:

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:

For ALL close contacts, please be prepared to provide at a MINIMUM: Name, Phone Number, and Last Date of Exposure.

If possible for close contacts, please also include: DOB and Address.