

### COVID-19 Reporting Form

Reporting Date: \_\_\_\_\_

Name of COVID Positive Person\*: \_\_\_\_\_ Department/Work Location/School: \_\_\_\_\_

Person filling out this form or designee: \_\_\_\_\_ Designee Contact Number: \_\_\_\_\_  
(if infected person cannot complete form)

Telephone Number: \_\_\_\_\_ Address: \_\_\_\_\_

Date of Test: \_\_\_\_\_

#### General Questions

1. When was the last time you were at your work location? (Provide dates and times)  
\_\_\_\_\_
2. Who were you around (name, work location)? \_\_\_\_\_
3. Did you always have a mask on and practice 6ft or more social distancing? \_\_\_\_\_
4. Close Contact occurs if someone was within 6 feet of a person who has tested positive for COVID-19 for a total of 15 minutes or more in a day, 24 hours. Did close contact occur with anyone identified above. If yes, then who? Please provide contact numbers.  
\_\_\_\_\_
5. Other locations you have visited in the district, if any, from the dates above and any close contacts at those locations, if any?  
\_\_\_\_\_
6. Were you with anyone else in the district at any time even weekends? (if yes, who? Provide dates and contact numbers) \_\_\_\_\_
7. Where is your office or work area? \_\_\_\_\_
8. Where else in the building were you? \_\_\_\_\_
9. Are there other people in your household that work in the district? If yes where and their position.  
\_\_\_\_\_