

### COVID-19 Reporting Form (All-Remote Scheduling)

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. In the past 10 days, did you enter any district facility? If yes, please list dates, times, facility locations, and specific rooms or areas visited.

Date(s)	Time(s)	Facility Location(s)	Rooms or Areas Visited

2. In the past 10 days, did you have in-person contact with any District student, staff member, volunteer, or contractor/vendor? If yes, please list each person’s name, date of last in-person contact, and phone number (if known), and indicate whether you had “Close Contact” with the person. Close Contact means within 15 feet of the person for at least 15 minutes in 24 hours.

Date(s)	Name(s)	Phone Number(s)	Close Contact (Yes/No)

3. Did you always have a mask on and practice 6ft or more social distancing? \_\_\_\_\_

4. Are there other people in your household that work in the district? If yes where and their position. \_\_\_\_\_

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