

CASE INFORMATION GATHERING TOOL

When Staff or Student Tests Positive For COVID-19

The purpose of this form is to gather information to help prevent or mitigate the spread of COVID-19 in schools, childcares, and programs for children and youth. Upon learning that a staff, student, or visitor has tested positive for COVID-19:

1. Fill out the form below to help you organize necessary information about the positive COVID-19 Case.
2. Call Sonoma County Public Health, or email SoCo.Schools@sonoma-county.org to report the positive Case.
3. After consulting with Sonoma County Public Health, you may be asked to help identify close contacts and notify them of the exposure. See the sample advisory letter templates.

Please note: When conducting interviews with possible close contacts, and explaining that they may have been exposed to COVID-19, **do not disclose the identity of the person who tested positive**, as required by the Americans with Disabilities Act and the Family Education Rights and Privacy Act (FERPA).

Name of Person Who Tested Positive or Suspected Case:		Date of Birth:	
Person is a: <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Contractor <input type="checkbox"/> Volunteer <input type="checkbox"/> Visitor			
Parent/Guardian Name and number:		Phone #:	
Role/Position: (if not a student)	Site - School/Office/Department:		
First Day Symptoms Appeared:			
Type of Symptoms: (check all that apply)			<input type="checkbox"/> CHECK IF NO SYMPTOMS
<input type="checkbox"/> fever greater than 100.4 F/38 C <input type="checkbox"/> cough <input type="checkbox"/> sore throat <input type="checkbox"/> shortness of breath <input type="checkbox"/> chills	<input type="checkbox"/> headache <input type="checkbox"/> body aches <input type="checkbox"/> fatigue <input type="checkbox"/> loss of smell or taste <input type="checkbox"/> Other:	<input type="checkbox"/> nausea/vomiting <input type="checkbox"/> diarrhea <input type="checkbox"/> runny nose <input type="checkbox"/> congestion	
Last Day(s) onsite at School/Work:			
Location of the COVID-19 Test?	Date of COVID-19 test?	COVID-19 Test Results: Positive Negative Presumptive Pending	PCR Antigen

Person Who Completed This Form/Position:	Contact Info (phone/email):	Date:
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