**COVID-19 Reporting Form for Student**

Date: \_\_\_\_\_\_\_\_\_School/Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reported by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of reported COVID-19 Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name and Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Notification: \_\_\_\_\_\_\_\_ via: Verbally\_\_\_\_ Phone \_\_\_ Text \_\_\_\_\_ ***(Indicate nature of notification)***

\_\_\_\_\_Tested Positive \_\_\_\_\_ Exposed to someone who Tested Positive

\_\_\_\_\_\_ Symptoms, Not Tested \_\_\_\_ Symptoms, Waiting on Test Results

Check appropriate exposure type: \_\_\_\_\_\_\_ School/Site \_\_\_\_\_\_\_ Home/Offsite

Bus Rider \_\_\_ Yes \_\_\_ Bus#\_\_\_ No; Extra-Curricular Activity \_\_\_\_ Yes \_\_\_\_\_\_\_\_\_ Type \_\_\_ No

**Teacher record of student response(s) to the following:**

Please identify the persons (names) whom you were in contact with **within 6 feet or less for longer than 15 minutes *with or without* a mask starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to positive specimen collection) until the time the patient is isolated.- Student Seat Location(Attach seating chart to this form):\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Close Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher/Staff Completing this Document: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

*\*The District Covid-19 Coordinator may follow-up with additional tracing questions*

***Principal to complete:***

**Additional Procedures- REQUIRED FOR SAFETY REASONS**

Contact the Maintenance Department regarding cleaning/disinfecting needs. Indicate the date and time Maintenance was contacted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who did you speak with? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate the area(s) in need of cleaning/disinfecting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do areas need to be closed off? \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If areas need to be closed off, please post signage*

***If the entire building needs closing, please notify Mr. Banks.*** mbanks@gpsdk12.com

Principal Completing this Document: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_