



COVID-19 School Reporting Form

Student and Guardian/Staff Information

First Name: _____ Last Name: _____

Home Street Address: _____ Apt. # _____

City: _____ County: _____ State: _____ Zip: _____

Other Phone number or contact information: _____

Date of birth: MM / DD / YYYY Age: _____

Sex: Male Female Pregnant: Yes No

Race and Ethnicity : _____

Parent or Guardian Info

Name: _____

Phone: _____

Relation: _____

Date of Positive Test: MM / DD / YYYY

Where was the test administered: _____

What school does the student/staff attend? _____

What grade is the student/staff in? _____

Last day student/staff was at school? MM / DD / YYYY

Extracurriculars the student/staff is involved in:

Is the student/staff symptomatic? Yes No

DATE OF SYMPTOM ONSET: MM / DD / YYYY

Notes:

