DALLAS COUNTY HEALTH AND HUMAN SERVICES

COVID-19 Case Report Form for School

School Information

School Name:	School District:	Reporting Date:
School Nurse Name:	School Nurse Phone Number: School Nurse Email:	

Positive Case Information

Last Name:	First Name:		MI:	DOB:	☐ Staff Role:
Street Address:	City:	State:	County:	Zip Code:	☐ Student Grade/Classroom:
Primary Phone No.: - -	Name of Parent/Legal Guardian:				Sex: ☐ F ☐ M / If Female, Pregnant? ☐ Yes ☐ No

Race: ☐ Black ☐ White ☐ Native American ☐ Asian/ Pacific Islander ☐ Other ☐ Unknown

Ethnicity: ☐ Hispanic ☐ Non-Hispanic ☐ Unknown

Clinical Case History

Is the patient symptomatic? ☐ No ☐ Yes

Last Date on Campus:

Date of 1st Symptom:

Duration of Illness:

Is this individual a close contact* of a lab-confirmed COVID-19 case? ☐ **No** ☐ **Yes** ***If yes, please list names of contact(s) at the bottom of this form***

*within 6 feet of an infected person for at least 15 minutes starting from 48 hours before the person began feeling sick until the time the patient was isolated (CDC).

Pre-existing medical conditions? ☐ **No** ☐ **Yes**

- ☐ High Blood Pressure
- ☐ Diabetes
- ☐ Asthma or COPD
- ☐ Obesity
- ☐ Other ______________________________

Symptoms, please check all that apply:

- ☐ Fever Temp: ____ °F
- ☐ Subjective fever
- ☐ Cough
- ☐ Sore throat
- ☐ Shortness of breath
- ☐ Runny nose
- ☐ Loss of taste/smell
- ☐ Congestion
- ☐ Body aches
- ☐ Headache
- ☐ Abdominal pain
- ☐ Nausea/Vomiting
- ☐ Diarrhea
- ☐ Other: _________

Diagnostic Testing Information

Type of Test	Name of Testing Location/Address	Date of Specimen Collection	Positive Result	Negative Result	Not done
			Please check mark as appropriate		
PCR					
Antigen					
Antibody					

Report summary /notes/close contacts:

- ☐ Please attach the individual's schedule. If applicable, please also attach a list of known extracurricular involvements.
- ☐ Please include names of siblings who attend other campuses/daycare/after school programs.
- ☐ Please attach a copy of test results if available.

Please fill out this form in its entirety to the best of your knowledge and send completed form to Dallas County Health Department via fax 214-819-6095 or secure email schoolhealth@dallascounty.org.