V.9/17/20

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 RN phone:**		
			School RN Email:		

Positive Case Information

Last Name:	**First Name and MI:**	**DOB:**	**Role/Grade/ Classroom:**

Street Address:	**City:**	**County:**	○ **Staff**
	State:	**Zip:**	○ **Student**

Primary Phone No.:	**Name of Parent(s)/Legal Guardian(s):** 1. _____	**Sex:** ○F ○M	**If female, pregnant?** ○ No ○ Yes
Alt. Phone No.:	2. _____		

Race: ☐ Black ☐ White ☐ Asian/pacific islander ☐ Other

Ethnicity: ☐ Hispanic ☐ Non-Hispanic ☐ Unknown

Parent/ Guardian Email:

Clinical Case History

Is the patient symptomatic? ○ No ○ Yes

Last Date on Campus:

Date of 1st Symptom(s):

Date isolation ends:**

Is this individual a close contact* of a lab-confirmed case? ○ No ○ Yes

If yes, name of confirmed case: _____

Pre-existing medical conditions? ○ No ○ Yes

- ☐ High Blood Pressure
- ☐ Diabetes
- ☐ Asthma
- ☐ COPD
- ☐ Obesity
- ☐ Other:

Symptoms:

- ☐ Fever: _____°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:

Does the individual participate in sports or other extracurricular activities? ○ No ○ Yes

If yes, type of sport/activity:

Setting of Learning: ○ Virtual/remote ○ In-person ○ Hybrid

Contact Tracing: How many school close contacts identified?

Diagnostic Testing Information

Type of Test:	Name and Address of Testing Location	Date of Specimen Collection	Copy of Lab attached?
☐ PCR ☐ Antigen			○ Yes ○ No If no, please obtain a copy to include with this form or send lab copy ASAP

Report Summary/Notes/Additional Close Contacts:

- Please attach the student's schedule. If applicable, please also attach a list of known extracurricular activities
- Please include names of siblings & names of other campuses/daycare/after school programs attended
- Please attach a copy of the test results

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

*Within 6 feet of an infected person for a total of 15 minutes starting from 48 hours before the person was first symptomatic or tested positive until the time the patient was isolated.

**Isolation ends 10 days after the date of first symptoms or the positive test date if asymptomatic