



COVID-19 Report Form

School Report for Possible COVID-19 Case

Name		Date of Birth	Phone Number
Address			<input type="checkbox"/> Student <input type="checkbox"/> Staff
Parent/Guardian, if minor			Parent Phone #, if minor
Last Day Attended School	Grade	Teacher	
Date Reported to Health Department (Today's Date)		School Name	
Name of Reporting Official	Phone Number	Email	
<p>Review Timeline of Activities and Testing Information, if tested:</p> <p>Date Symptoms First Appeared: _____ <input type="checkbox"/> No Symptoms</p> <p>Date Tested: _____ Result/Diagnosis Date: _____</p> <p>Testing Location: _____</p> <p>If applicable, name/relationship of close contact who tested positive for COVID-19: _____</p> <p><u>Additional Comments</u> - Activities within 48 hours of date symptoms first appeared or test date if no symptoms; or other relevant information.</p>			
<p>Reporting Instructions:</p> <ol style="list-style-type: none"> 1. Email this form to the Macomb County Health Department Communicable Disease (MCHD CD) Program at diseasecontrol@macombgov.org with the subject line "school name, district, positive COVID-19". 2. Review roster of students in each class/activity to prepare for contact tracing/notification of parents or other staff close contacts. 3. Complete the <i>Contact Tracing Form</i> in the Excel file format. Find out more information about contact tracing and a copy of the form at COVID-19 Resources for Schools. 4. MCHD CD staff will contact the reporting official to review case-specific information or additional questions. 			