

COVID-Positive Isolation/Quarantine Information

COVID+ Student/Staff Name: _____ Teacher: _____

Parent 1: _____ Phone: _____ Email: _____

Parent 2: _____ Phone: _____ Email: _____

(If applicable)

Site Admin/Supervisor: _____ Site/Location: _____

Symptoms: Yes No Start Date of Symptoms: _____Mask worn correctly 100% of the time when on school site? Yes No Bus? Yes NoOthers Exposed*? Yes No Days of Exposure: _____**Within 6 feet or less for >= 15 minutes over 24 hours*

Area(s) of exposure: _____

*(Class, bus, etc. If in class, include room number.)*Any on-site contractors on site during exposure? Yes No

If yes, list: _____

Test Date: _____ Result: Positive Negative Notes: _____Confirmation of positive test? Yes No How were results confirmed? Verbal Copy of results

Last Day Present at School: _____ First Day Absent: _____

Absent Due To: Symptoms Positive Test

10-day Return Date: _____ Notes: _____

 COVID Letter Sent *(Nurse/site; copy to Personnel)* CalOSHA Letter Sent *(Personnel)* SPOT Notification *(Heath Team)* Ultra Claims (Keenan) *(Clerical)*

Independent Study

Independent Study: Yes No Independent Study Dates: _____Teacher Informed: Yes No Work Provided: Yes NoContract Sent to Parent: Yes No Signed by Parent: Yes NoContract Signed by Teacher: Yes No Due Date for Work: _____Work Submitted: Yes No Contract Completed: Yes NoAeries Verified: Yes No Completed By: _____

See next page for contact tracing information.

Contact Tracing

Only complete if above person is confirmed to have tested positive and was on campus 48 hours prior to symptoms began or 48 hours before the date of administration of a positive test.

Exposure on Campus: Yes No Exposure Dates: _____

List of Exposed Staff/Students (< 6 ft for 15 minutes or more over 24-hour period)

(classrooms, elective classes, buses, lunchtime, recess, etc.):

Name: _____ Time: _____

Student Staff Other Mask: Yes No Vaccine: Yes No Bus: Yes No

Guidance Given: Quarantine until _____ Watch for symptoms OK to work

Test: Immediately In _____ days On these dates: _____

Return Date: _____ Notes: _____

Name: _____ Time: _____

Student Staff Other Mask: Yes No Vaccine: Yes No Bus: Yes No

Guidance Given: Quarantine until _____ Watch for symptoms OK to work

Test: Immediately In _____ days On these dates: _____

Return Date: _____ Notes: _____

Name: _____ Time: _____

Student Staff Other Mask: Yes No Vaccine: Yes No Bus: Yes No

Guidance Given: Quarantine until _____ Watch for symptoms OK to work

Test: Immediately In _____ days On these dates: _____

Return Date: _____ Notes: _____

Name: _____ Time: _____

Student Staff Other Mask: Yes No Vaccine: Yes No Bus: Yes No

Guidance Given: Quarantine until _____ Watch for symptoms OK to work

Test: Immediately In _____ days On these dates: _____

Return Date: _____ Notes: _____

Name: _____ Time: _____

Student Staff Other Mask: Yes No Vaccine: Yes No Bus: Yes No

Guidance Given: Quarantine until _____ Watch for symptoms OK to work

Test: Immediately In _____ days On these dates: _____

Return Date: _____ Notes: _____

Contact Tracing (*continued...*)

Name: _____ Time: _____

 Student Staff Other Mask: Yes No Vaccine: Yes No Bus: Yes NoGuidance Given: Quarantine until _____ Watch for symptoms OK to work Test: Immediately In _____ days On these dates: _____

Return Date: _____ Notes: _____

Name: _____ Time: _____

 Student Staff Other Mask: Yes No Vaccine: Yes No Bus: Yes NoGuidance Given: Quarantine until _____ Watch for symptoms OK to work Test: Immediately In _____ days On these dates: _____

Return Date: _____ Notes: _____

Name: _____ Time: _____

 Student Staff Other Mask: Yes No Vaccine: Yes No Bus: Yes NoGuidance Given: Quarantine until _____ Watch for symptoms OK to work Test: Immediately In _____ days On these dates: _____

Return Date: _____ Notes: _____

Name: _____ Time: _____

 Student Staff Other Mask: Yes No Vaccine: Yes No Bus: Yes NoGuidance Given: Quarantine until _____ Watch for symptoms OK to work Test: Immediately In _____ days On these dates: _____

Return Date: _____ Notes: _____

Name: _____ Time: _____

 Student Staff Other Mask: Yes No Vaccine: Yes No Bus: Yes NoGuidance Given: Quarantine until _____ Watch for symptoms OK to work Test: Immediately In _____ days On these dates: _____

Return Date: _____ Notes: _____

Contact Tracing Completed: Yes No

Completed form submitted to: _____