

EXPOSURE REPORTING FORM

CASE INFORMATION GATHERING TOOL

Upon learning that a staff, student, or visitor has tested positive for COVID-19, and has exposed people on site (or was previously exposed on-site and is now positive), please use this form to report to Public Health.

1. Fill out the form below to help you collect and organize necessary information about the positive COVID-19 Case. Please gather and include as much information as you can before moving to step 2.
2. Email form to SoCo.Schools@sonoma-county.org to report the positive Case and exposure info. To help up process exposures, please include the **Site name** and Case's **initials** in the subject line, ie: "**Exposure at Apple Tree Elementary - Case ABC**"
3. After reporting to Public Health, notify close contacts of the exposure and instruct for them to begin applicable quarantine. See the *Scenario-based Guidance and sample exposure advisory letter templates*.

Please note: When notifying close contacts and discussing their COVID-19 exposure, **do not disclose the identity of the person who tested positive**, as required by the Americans with Disabilities Act and the Family Education Rights and Privacy Act (FERPA).

School / Site / Location where exposure occurred:			
Name of positive COVID-19 Case:		Date of Birth:	Parent/Guardian Name (if applicable):
<input type="checkbox"/> Case is a student/child/player . Grade/Classroom/Team:		Case (or Parent/Guardian) Phone #:	
<input type="checkbox"/> Case is a staff member . Position:		<input type="checkbox"/> Visitor/Other:	Case (or Parent/Guardian) email address:
Fully-vaccinated? Yes No	Rc'd booster? Y N	Did they have a recent known exposure to COVID-19? When, where, to whom?	
First Day Symptoms Appeared:		Last Day(s) on site:	
Type of Symptoms: (check all that apply)			NO SYMPTOMS
<input type="checkbox"/> fever greater than 100.4 F/38 C	<input type="checkbox"/> headache	<input type="checkbox"/> nausea/vomiting	
<input type="checkbox"/> cough	<input type="checkbox"/> body aches	<input type="checkbox"/> diarrhea	
<input type="checkbox"/> sore throat	<input type="checkbox"/> fatigue	<input type="checkbox"/> runny nose	
<input type="checkbox"/> shortness of breath	<input type="checkbox"/> loss of smell or taste	<input type="checkbox"/> congestion	
<input type="checkbox"/> chills	<input type="checkbox"/> Other:		
Location of the COVID-19 Test?	Date of COVID-19 test?	COVID-19 Test Results: Positive Negative Presumptive Pending	PCR Antigen
Appx how many "close contacts" were exposed? Staff Students/Children	Appx total for Modified Quarantine: Appx total for at-home Quarantine:	# of fully-vacc'd contacts:	

Additional notes about exposure:

Person Who Completed This Form:	Contact Info (phone/email):	Date:
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