COVID-19 Exposure Investigation Worksheet for the Education Sector

OC health CARE AGENCY
Communicable Disease Control Division

SECTION 1 – REPORTING PARTY

Name of Reporting Party:	Phone #: ( )	Email Address:	School/College/University Name:	School District:

SECTION 2 – CASE DEMOGRAPHICS (please complete one page per case)

Last Name:	First Name:	Date of Birth:	Age:	Grade:	Gender:

Address (Number/Street/Apt #):	City:	State:	Zip:

Home Phone #: ( )	Cell Phone #: ( )	Email Address:

If case is under 18 years of age, Parent/Guardian Last Name:	Parent/Guardian First Name:

Case Role: ☐ Student   ☐ Staff Teacher/Faculty   ☐ Staff Other: _____   ☐ Other: _____

SECTION 3 – CASE INFORMATION

Date school notified of positive test or symptomatic individual: _____

Does the individual have symptoms?	☐Yes ☐No	Onset Date: _____
Was the individual tested for COVID-19?	☐Yes ☐No	Test Date: _____ Test Location: _____ Test Result: ☐Positive ☐Negative

Was case infectious while in School-Associated Setting? ☐Yes ☐No ☐Unk	Does case have close contact with a known or suspected COVID-19 case? ☐Yes ☐No ☐Unk	Is that close contact symptomatic? ☐Yes ☐No ☐Unk

Dates in School-Associated Setting while Infectious:	Last Date at School-Associated Setting:

SECTION 4 – CONTACT INVESTIGATION INFORMATION

Locations in School-Associated Setting while Infectious (e.g., Building/Wing/Floor/Room):	Cohort Exposed (e.g., Academic class, workplace, campus residential, social organization, sport/recreation, other [specify])	# Close Contacts (0 if None, i.e., if low exposure)	Date of Last Exposure (MM/DD/YYYY)
Ex.: Room 202	*Ms. Lucas' 3rd grade classroom, cohort A*	*14*	*11/25/2020*

Attach COVID-19 Close Contact List

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INSTRUCTIONS
Form to be Completed by Reporting School/Campus

This form is for schools/campuses reporting a COVID-19 positive case(s) to Orange County Health Care Agency HCA COVID Safe Schools OC Program.

Please note that all dates collected should be formatted MM/DD/YYYY.

SECTION 1 – REPORTING PARTY
COVID School Lead/COVID School Liaison (e.g., School Nurse, Principal) completing form and reporting a confirmed positive case on school/campus to provide their:
- Name: Enter the first and last name of administrator contact at school/campus
- Phone Number: Enter administrator contact phone number
- Email Address: Enter administrator email address
- School/College/University Name: Enter name of reporting school/campus
- School District (if applicable): Enter school district if applicable

SECTION 2 – CASE DEMOGRAPHICS (please complete one page per case)
Provide/complete **case** demographics information:
- Last Name: Enter the last name of case
- First Name: Enter the first name of case
- Date of birth: Enter the case's date of birth in MM/DD/YYYY format
- Age: Enter the case's age. Age to be entered in unit of years.
- Grade: Enter the case's grade in school (if applicable).
- Gender: Enter appropriate response – Male/Female/Non-binary/Prefer not to answer/Unknown.
- Address/City/State Zip: Enter case's address of residence including city/state/zip code. Residence is the place of 'usual residence' at the time the infection was acquired.
- Home Phone #: Enter case's home phone #. If case under 18 years, provide parent/guardian home phone #.
- Cell Phone #: Enter case's cell phone #. If case under 18 years, provide parent/guardian cell phone #.
- Email Address: Enter case's email address. If case under 18 years, provide parent/guardian email.
- Parent/Guardian Last Name and First Name if case is under 18 years of age
- Case Role: Select appropriate response for case role (Student, Staff Teacher/Faculty/ Staff Other/Other)

SECTION 3 – CASE INFORMATION
Provide/complete **case** information details:
- Date school notified of positive test or symptomatic individual in MM/DD/YYYY format.
- Does the individual have symptoms: Select "Yes/No" if individual has symptoms. If "Yes", provide "Onset Date".
- Was the individual tested for COVID-19: Select "Yes/No" if individual was tested. If "Yes", provide test date, test location, and test result.
- Was the case infectious while on campus?: Select "Yes/No/Unk".
- Does case have close contact with a known or suspected COVID-19 case?: Select "Yes/No/Unknown". If "Yes", then select "Yes/No/Unknown" to Is that close contact symptomatic?
- Dates in School-Associated Setting while Infectious: Enter dates in school (associated setting) while infectious
- Last Date on Campus/Setting: Enter date MM/DD/YYYY of last day on campus/setting

SECTION 4 – CONTACT INVESTIGATION INFORMATION
Provide contact investigation details/information for each location in school-associated setting that case was while infectious, to include:
 (See Example):
- Locations in School-Associated Setting While Infectious (e.g. Building/Wing/Floor/Room)
- Cohort Exposed (e.g., Academic class, workplace, campus residential, social organization, sport/recreation, other [specify])
- # of Close Contacts (0 if None, i.e., if low exposure)
- Date of Last Exposure at that specific identified location

For any questions on how to complete the *COVID-19 Exposure Investigation Worksheet for the Education Sector Form,* please contact HCA COVID Safe Schools OC at ***CCICOVIDSchools@ochca.com*** or call the Orange County Health Referral Line:(800) 564-8448 – option 2, Monday-Friday 8:00 a.m. to 5:00 p.m.