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| https://intranet.ochca.com/wp-content/uploads/docs/qm/communications/logo/HCA_Hybrid_Rectangle-color.jpgCommunicable Disease Control Division | **COVID-19 Exposure Investigation Worksheet****for the Education Sector** |

**FAX COMPLETED FORM TO (714) 834-7780**

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| **SECTION 1 – REPORTING PARTY** |
| Name of Reporting Party:      | Phone #:(     )       | School Name:      | School District:Rancho Santiago CCD |
| Education setting identified as: | [ ]  Early Childhood Education:[ ] Day Care [ ] Child Care [ ] Head Start[ ]  Grade (TK-12):[ ] TK [ ] K [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5[ ] 6 [ ] 7 [ ] 8 [ ] 9 [ ] 10 [ ] 11 [ ] 12College/University Name:      Other, specify:       | Date school notified of positive test or symptomatic individual:      Does institution have a contact tracing program? [x] Yes [ ] No |
| **SECTION 2 – CASE DEMOGRAPHICS (please complete one page per case)** |
| Last Name:      | First Name:      | Date of Birth:      | Age:      | 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:      |
| Guardian Address (Number/Street/Apt #):      | City:      | State:      | Zip:      |
| Guardian Home Phone #:(     )       | Cell Phone #:(     )       | Email Address:      |
| Case Role: | [ ]  Student | [ ]  Staff Public Safety | [ ]  Visitor |
| [ ]  Staff Teacher/Faculty | [ ]  School Employee, Job Title:       | [ ]  Other:       |
| [ ]  Staff Healthcare Worker | [ ]  Staff Other:       |
| Was case symptomatic while on campus?[ ] Yes [ ] No [ ] Unk | Does case have household contacts that are symptomatic?[ ] Yes [ ] No [ ] Unk | Does case have household contacts that have tested positive for COVID-19?[ ] Yes [ ] No [ ] Unk |
| Education Group Cohort Name: DSL 110 Class Section # 88084 |
| [ ]  Academic Class[ ]  Workplace | [ ]  Campus Residential[ ]  Off Campus Residential | [ ]  Social Organization[ ]  Sport or Recreation | [ ]  Other: Specify:       |
| **SECTION 3 – CASE INFORMATION** |
| Was the individual tested for COVID-19? | [ ] Yes [ ] No | Test Date:       Test Location:       |
| Test Result: [ ] Positive [ ] Negative |
| Does the individual have symptoms? | [ ] Yes [ ] No | Onset Date:       |
| Dates in Educational/Campus Setting while Infectious:      | Last Day on Campus/Setting:      |
| Locations in Educational Setting while Infectious(e.g., Building/Wing/Floor/Room): | Please Specify:       |
| Is this individual in isolation? | [ ] Yes, Start Date of Isolation:       | [ ] No |
| Where is the isolation location? | [ ]  Private Home[ ]  Apartment[ ]  Shared Living | [ ]  Hotel[ ]  Shelter[ ]  Other, specify:       | [ ]  On Campus Isolation Housing[ ]  On Campus Apartment[ ]  Off Campus Apartment/House[ ]  Dorm Room[ ]  Returned Home |

*(Rev. 9/22/20)*

*Attach COVID-19 Close Contact List*