

COVID-19 Case Report Form for School Administrators

Name:

Date of Birth:

Parent/Guardian:

Address:

Town:

Grade:

Cohort/Teacher:

School:

Date of symptom onset:

Last date attended school:

Has COVID-19 testing been done? (if yes, please answer the following related questions):

Date?

Testing site?

Ordering provider?

Can you get a copy of the lab result?

School-aged sibling(s)? (if yes, please provide name(s) and school they attend):

Form completed by:

Contact number:

Please contact LLHD public health nurses Mary Day (primary contact) at (860) 326-0753 or Kris Magnussen (secondary contact) at (860) 910-0417 to verbally report this information, or you may fax this sheet to (860) 448-4885. Please fax COVID-19 lab results if they are available.