**COVID-19 New Positive Case Reporting Form**

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| CASE INFORMATION:  Today’s Date: //  Are you reporting  Student  Staff/Faculty |  |
| Case’sFirst Name:  Case’s Last Name:  Case’s Date of Birth: //  Case’s \*Cell Phone: OR Alternate  Case’s Address:  Was case symptomatic:  Yes  No  Unknown  Onset date (if symptomatic) //  Test date: //  Was case on campus during your infectious period (two days before symptom onset, or two days before specimen  collection date if asymptomatic.)  Yes  No  Unknown  Have you determined close contacts for your case?  Yes  No  Partially, in Progress  Is case currently isolated?  Yes  No  Unknown  Was the case a known contact of a previous case?  Yes  No  Unknown  Is the case part of a cluster or outbreak?  Yes  No  Unknown  Additional notes or concerns regarding this case: |  |