**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 [ ]  UnknownOnset 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 [ ]  UnknownHave you determined close contacts for your case? [ ]  Yes [ ]  No [ ]  Partially, in ProgressIs case currently isolated? [ ]  Yes [ ]  No [ ]  UnknownWas the case a known contact of a previous case? [ ]  Yes [ ]  No [ ]  UnknownIs the case part of a cluster or outbreak? [ ]  Yes [ ]  No [ ]  UnknownAdditional notes or concerns regarding this case:  |  |