



COVID-19 Reporting Form

Is the case symptomatic? ☐ yes ☐ no

If yes, date symptoms started: _____
If no, date test sample was taken: _____

Name of positive case: _____

Address: _____

Date of birth: _____

Phone: _____ County of Residence: _____

Dates of attendance: _____
(date back 2 days from the onset of symptoms OR date test sample was taken)

Grade: _____ Building: _____

Teacher (if student): _____

District: _____

Is this 1st case in classroom? ☐ yes ☐ no

To the best of your knowledge, is this case linked to others (sports team, club, bus) ☐ yes ☐ no
If yes, what is the link? _____

Determine who the positive case has had close contact with at school: (Use the dates of attendance dating 2 days back from the onset of symptoms or date test sample was taken and report only those who were less than 3 feet apart for at least 15 cumulative minutes if MASKED or less than 6 feet if UNMASKED)

Contact Name	Fully Vax OR COVID+ < 3 months	Serial Testing	DOB	Address/City/Zip	Phone Number	Date of Last Contact

Fully vaccinated and previously COVID+ (within last 3 months) do NOT have to quarantine so please note those contacts and mark the box "Fully Vax OR COVID+ < 3 months". Also, please denote which students/staff are going to take part in serial antigen testing. Those noted in either column will not be followed through MDHHS contact tracing to quarantine at home but should be monitored.

Submit via email to: covid19@saginawcounty.com