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

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 12  College/University Name:  Other, specify: | | | | | | | | | | | | | | | | | | | Date school notified of positive test or symptomatic individual:  Does institution have a contact tracing program? 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*