



Appendix C

Today's Date: _____

COVID-19 Reporting Form

Please Complete One Form Per Person

Name of School: _____

Contact Name: _____

Contact Phone #: _____

Contact Email: _____

Information on Person with COVID-19

Student / Staff (please circle)

First Name: _____ Last Name: _____

Birthdate: _____ County of Residence: _____

Email address: _____ Phone Number: _____

Grade: _____ Teacher(s): _____

Date Tested: _____ Date of symptom onset: _____

Date staff/student last worked/was in school: _____

Next Steps

Please use the **Parent Notification Letter** (Appendix D) provided in the BEDHD Return to School Toolkit. **It is vital you maintain privacy of the person who tested positive, and you cannot divulge his/her name to other employees. Please refer to **BEDHD's toolkit for schools** for more information.**

Please email this form to covidschools@bedhd.org.

If you need to report more than one person, please submit additional pages, one per person.

HIPAA allows for the disclosure of protected health information, without individual client authorization, to public health authorities.