

RHF HR Only

Received:

Inputted into SPOT:

COVID-19 CONFIRMED and/or CONTACT CASE TRACKING FORM

Name of confirmed and/or contact case of Covid-19:

Parent Name (if the above is a child):

Birthdate:

Mobile Phone:

Home Phone:

Email:

Primary Language:

Home Street Address:

Gender:

Ethnicity:

Affiliation with Renu Hope Foundation:

Date last on child care facility:

SYMPTOM INFORMATION

Demonstrated symptoms of Covid-19: yes or no

Had close contact with a Covid-19 case?

Date you notified school/teacher/supervisor of positive test:

Symptom onset date?

Are the people who are in close contact with positive case symptomatic?

VACCINATION INFORMATION

Has person received Covid-19 vaccine?

Dose #1 Date:

Dose #2 Date:

Vaccine Type #1:

Vaccine Type #2:

WORKPLACE INFORMATION

Occupation/Job Title:

Employer Name:

Supervisor Name and Phone #:

Late Date:

of People in Work Area/Department:

Supervisor Email Address:

DATES AT SCHOOL/WORK WHILE INFECTIOUS

Start Date:

Start Time:

Specific Place in Location:

End Date:

End Time:

Potential Number of People Exposed:

LAB TEST RESULTS

Test Date:

Test Type: PCR/RNA/Molecular, Antigen, Antibody, Unknown, Other

Test Result: Positive, Negative, Inconclusive, Other, Unknown

Specimen Source: Nose swab, Mouth swab, Urine, Blood, Stool

Test Location:

Notes: