



COVID-19 Worksheet for Schools



This worksheet can be used as a tool whenever a school worker reports illness consistent with COVID-19, a positive COVID-19 test result, or information related to being a close contact of someone else with COVID-19 **OR** when a parent/guardian/provider reports a student with illness consistent with COVID-19, a positive COVID-19 test result, or information related to a student being a close contact of someone else with COVID-19.

1. Date: _____

2. Student or school worker's name [Last name, First name]: _____

3. Has the student or school worker received laboratory testing for COVID-19?

Yes No, but planning to test No, and not planning to test Unknown Other

3a. If yes, what was the result?

Positive Negative Pending Indeterminate Unknown

3b. If yes, what kind of test was performed? (Note: this information might be included as part of the laboratory test results and/or in a letter sent with the test results. Molecular/viral tests are generally conducted on a swabbed sample collected from the respiratory system (such as the nose or mouth). Antibody tests are generally conducted on a sample of blood.)

Molecular/viral test (PCR or Antigen) Antibody test Unknown Other

4. Does the student or school worker have any of the following symptoms? (Please ask about each symptom and document response of "Yes" or "No," if possible).

Fever or chills	Yes / No / Unknown
Cough	Yes / No / Unknown
Shortness of breath or difficulty breathing	Yes / No / Unknown
Fatigue	Yes / No / Unknown
Muscle or body aches	Yes / No / Unknown
Headache	Yes / No / Unknown
New loss of taste or smell	Yes / No / Unknown
Sore throat	Yes / No / Unknown
Congestion or runny nose	Yes / No / Unknown
Nausea or vomiting	Yes / No / Unknown
Diarrhea	Yes / No / Unknown
Other (specify): _____	

5. When did the first symptom begin?

Date: _____

6. Is the student or school worker a close contact of another person with COVID-19 at this school?

Yes No Unknown

If yes, please provide the name of this person (if known): _____

If yes, please provide the phone number of this person (if known): _____



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7. Is the student or school worker a close contact of a person with COVID-19 in the community? (Note: this would include any person in the student or school worker’s household or with whom the student or school worker has had close contact (close contact for COVID-19 is defined as being within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hr period) who is NOT another student/faculty/staff of the school.)

Yes

No

Unknown

Additional information that the school may already have – for students:

Parent/guardian name [Last name, First name]: _____

Parent/guardian phone number: _____

Parish that the student resides in: _____

Student’s grade: Preschool/Nursery Kindergarten 1st 2nd 3rd 4th 5th 6th
 7th 8th 9th 10th 11th 12th Other (specify): _____

Student’s class/pod name: _____

Student’s date of birth: _____

Student’s gender: Male Female Other/non-binary

Student’s ethnicity: Hispanic Non-Hispanic Unknown

Student’s race: Black White Asian American Indian/Alaska Native
 Native Hawaiian/Other Pacific Islander Other Unknown

Additional information that the school may already have – for school workers:

Parish that the school worker resides in: _____

School worker’s role in the school (e.g., teacher, librarian, food service worker, janitorial staff, etc.):

Grades that the school worker interacts with (circle all that apply): Preschool/Nursery Kindergarten
1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th

Other (please specify): _____

School worker’s class/pod name (if applicable): _____

School worker’s date of birth: _____

School worker’s gender: Male Female Other/non-binary

School worker’s ethnicity: Hispanic Non-Hispanic Unknown

School worker’s race: Black White Asian American Indian/Alaska Native
 Native Hawaiian/Other Pacific Islander Other Unknown

Notes: