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: