



# 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   1<sup>st</sup>   2<sup>nd</sup>   3<sup>rd</sup>   4<sup>th</sup>   5<sup>th</sup>   6<sup>th</sup>  
                          7<sup>th</sup>   8<sup>th</sup>   9<sup>th</sup>   10<sup>th</sup>   11<sup>th</sup>   12<sup>th</sup>   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  
                          1<sup>st</sup>   2<sup>nd</sup>   3<sup>rd</sup>   4<sup>th</sup>   5<sup>th</sup>   6<sup>th</sup>   7<sup>th</sup>   8<sup>th</sup>   9<sup>th</sup>   10<sup>th</sup>   11<sup>th</sup>   12<sup>th</sup>

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



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Notes: