

# Daycare/Preschool COVID Case Reporting Form

**GENERAL INFORMATION (PLEASE PRINT)**

Name of person completing report: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Facility Phone Number: \_\_\_\_\_

Name of Facility Director: \_\_\_\_\_

**TO RECEIVE COVID UPDATES BY EMAIL**

Email address: \_\_\_\_\_

Secondary email if needed: \_\_\_\_\_

**CASE INFORMATION**

Report Date	Positive Case's Name	Date of Birth	Date of Symptom start	Type of Test-home, state, etc.	Number of Close Contacts	All Close Contacts notified and quarantined - Y/N	Positive person isolated Y/N	

Comments: \_\_\_\_\_

\_\_\_\_\_  
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 \_\_\_\_\_  
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**REPORTING**

Please FAX this form when completed to Monroe County Public Health Clinic, Attention: Sally, (812)353-3135.