

Covid-19 Student Case Report Form

Student ID:

Name:

Phone Number:

Email:

Date of Positive Test:

Symptom Onset:

Date last attended In-Person:

Courses Attended in Person:

Course ID	Instructor	Date Attended	Location

Campus Close Contacts:

*The Centers for Disease Control defines a Close Contact as someone who was within 6 feet of an infected person for at least 15 minutes within a 24-hour period.

Name	Date of Contact	Phone Number/Email	Course

Notes