

## COVID-19 Exposure Investigation Worksheet for Education Sector

<b>Investigator name</b>	
<b>Date Interviewed</b>	
<b>Contact Information</b>	

### Demographics

<b>Last name</b>		<b>First name</b>	
<b>Date of birth</b>		<b>Age</b>	
<b>Gender/sex</b>		<b>Ethnicity</b>	<b>Race</b>
<b>Role:</b>	<input type="checkbox"/> Student <input type="checkbox"/> Teacher/Faculty <input type="checkbox"/> Administrator <input type="checkbox"/> Other Staff (specify): _____		
<b>Address/City/Zip</b>			
<b>Home phone number</b>		<b>Cell phone number</b>	<b>Email</b>
<b>If patient is under 18, parent/guardian last name</b>		<b>Parent/guardian first name</b>	
<b>Parent/guardian address</b>			
<b>Parent/guardian home phone number</b>		<b>Parent/guardian cell phone number</b>	
<b>Parent/guardian email address</b>			

### Case Information

Was individual tested for COVID-19?  
 Yes      Date tested: \_\_\_\_\_      Location tested: \_\_\_\_\_  
 No

Is this individual in isolation?  
 Yes      If yes, location: \_\_\_\_\_  
 No

### Location Information

Type of Education Setting:  
 Early Childhood Education  
 K-12: Grade: \_\_\_\_\_  
 Institute of Higher Education: \_\_\_\_\_  
 Other: \_\_\_\_\_

Dates attended while infectious (48 hrs prior to onset of symptoms or prior to test date if no symptoms): \_\_\_\_\_  
 Locations while infectious (classroom number, break room, office, etc) \_\_\_\_\_

### Symptoms and Clinical History

Do you currently have, or did you have symptoms?   
 Yes, onset date: \_\_\_\_\_   
 No   
 Unknown   
 Refused

*Symptoms (check all that apply):*

Fever (>100.4 °F/38 °C)?   
 High temp \_\_\_\_\_ Unit   
 °F   
 °C   
 Subjective Fever  
 Date fever onset: \_\_\_\_\_      Duration (days): \_\_\_\_\_  
 Cough   
 Shortness of breath   
 Muscle aches   
 Sore throat   
 Diarrhea   
 Chills   
 Vomiting   
 Runny Nose  
 Headache   
 Abdominal pain   
 Loss of smell   
 Loss of taste   
 Other: \_\_\_\_\_

Submit completed form to [COVID19Edu@longbeach.gov](mailto:COVID19Edu@longbeach.gov)