

**Covid-19 School / Daycare Intake Form**

Date:

Name of Caller / Contact Person:

Phone # of Caller / Contact Person:

**Person 1:**

**Name of person with symptoms or positive Covid Test:**

Circle One: Is Person 1:   Staff   Student   Close Contact of Staff of Student

If close contact, describe relationship:

If Student, Name of Parent:

Phone #:

Address:

Covid Test:   \_\_\_\_ Yes          \_\_\_\_ No                      Date of Covid Test: \_\_\_\_\_ or N/A

Covid Test Result:   Positive   Negative   Pending

Date that symptom(s) started:

Single symptom (circle):   new onset cough   shortness of breath

Or Two or more of the following Symptoms (circle all that apply):

- fever of 100.4<sup>o</sup> F or higher / chills / muscle pain / sore throat / loss of sense of smell or taste
- / fatigue / congestion / gastrointestinal symptoms of diarrhea, vomiting, or nausea

**SEND HOME. FAMILY should CALL DR and GET COVID TEST or COVID DIAGNOSIS or OTHER DIAGNOSIS**

**Persons 2:**

Names of all household members of Person 1 in school system. Consider students & staff. **SEND HOME**

Names of all close contacts of Person 1 in the school or daycare (less than 6 feet for more than 15 consecutive minutes), starting 48 hours before the date the symptoms began, or if asymptomatic starting 48 hours before the date the positive Covid test was taken. Consider all students and staff. List name, and date of last contact **with Person 1. Safest plan but optional until COVID test confirmed: SEND HOME**

## Follow Up

### Covid Tests:

Name	Date	Results	Symptoms
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**PERSON 1 WITH COVID-19:**      \_\_\_ Positive Covid Test Result - Date of test:  
   \_\_\_ Covid diagnosis without test  
   \_\_\_ Covid symptoms with no alternative diagnosis,  
   even if Covid test negative

If checked any above: **Person 1 must stay home at least 10 days since symptoms first appeared AND until no fever for at least 24 hours without medication AND improvement of other symptoms.**

School notify MDH of lab-confirmed case: [health.schoolcc.followup@state.mn.us](mailto:health.schoolcc.followup@state.mn.us)

Notify teachers to make distance-learning plan. **Optional: send general notification to classroom/school that there is a COVID-19 case in school, continue coming to school, monitor for symptoms, if symptoms start: stay home and call school.**

**Persons 2: Siblings and household members stay home for 14 days from the date of their last contact with Person 1. Other close contacts must quarantine for 14 days if Person 1 has a positive Covid Test result. If any Persons 2 develop symptoms or test positive for Covid, they become a Person 1. List below. Start a new intake form for any new Persons 1 and restart contact tracing and exclusion.**

**PERSON 1 WITHOUT COVID-19:** Other diagnosis from Dr. that explains the symptoms (such as new illness like norovirus or strep throat, or when a health care provider says symptoms are connected to a pre-existing condition)

Diagnosis:

Dr's Name and Clinic:

Date spoke to or saw Dr:

**Stay home until symptoms have improved. Follow specific return guidance from the health care provider or follow the Infectious Diseases in Childcare Settings and Schools Manual at [www.hennepin.us/daycaremanual](http://www.hennepin.us/daycaremanual). If symptoms related to a pre-existing condition change or worsen, talk to a health care provider to determine next steps.**

**Persons 2: Siblings and household members and close contacts do not need to stay home.**