



COVID-19

HAWAI`I STATE DEPARTMENT OF HEALTH

COVID-19 CLOSE CONTACT REPORT FORM FOR SCHOOLS

School Name: _____

Case Name (Last, First): _____
 (Keep Confidential)

COVID-19 SCHOOL CONTACTS

Name of Contact (First and Last)	Date of Birth (Enter age if DOB unknown)	Date Last Exposed	Contact Information (Email address <u>AND</u> phone number)	Close Contact Notification Provided by School (Date Provided)	*DOH Use*		
					Symptomatic?	Test Ordered?	Notes:
	/ /	/ /		/ /	Yes No Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Yes No Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	/ /	/ /		/ /	Yes No Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Yes No Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	/ /	/ /		/ /	Yes No Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Yes No Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	/ /	/ /		/ /	Yes No Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Yes No Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	/ /	/ /		/ /	Yes No Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Yes No Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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	/ /	/ /		/ /	Yes No Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Yes No Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

*** Schools are NOT required to submit this form to the Hawai'i State Department of Health (HDOH) when reporting a case. If HDOH decides to investigate this case as part of a cluster of cases within this school, you may be asked for this information at a later time.