

Information for Staff/ Student with COVID-19 Symptoms, Exposure and Positive Results
BOB HOPE SCHOOL

Today's Date	
Name	
Date of Birth	
Address	
Phone Number	
Ethnicity	
Reason for this Form	<ul style="list-style-type: none"> <input type="radio"/> Exposure <input type="radio"/> Symptoms of COVID-19 <input type="radio"/> Positive Test <p>(Circle, highlight or check all that apply)</p>
Status	<ul style="list-style-type: none"> <input type="radio"/> Student <input type="radio"/> Staff <input type="radio"/> Teacher/ Aide (Instructional) <p>(Highlight or circle one)</p>
Date of <u>Exposure, Symptoms, and/or Positive Test</u>	<p>Exposure date:</p> <p>Symptoms start date:</p> <p>Positive test date:</p>
If you have symptoms, which ones do you have?	<ul style="list-style-type: none"> <input type="radio"/> Feeling feverish or a measured temperature greater than or equal to 100.0 degrees Fahrenheit <input type="radio"/> Loss of taste or smell <input type="radio"/> Cough <input type="radio"/> Difficulty breathing <input type="radio"/> Shortness of breath <input type="radio"/> Fatigue <input type="radio"/> Headache <input type="radio"/> Chills <input type="radio"/> Sore throat <input type="radio"/> Congestion or runny nose <input type="radio"/> Shaking or exaggerated shivering <input type="radio"/> Significant muscle pain or ache <input type="radio"/> Diarrhea <input type="radio"/> Nausea or vomiting <p>(Circle, Highlight or check all that apply)</p>
Please list all people that you have had close contact with (within 6 feet for at least 15 minutes, even if it is 5-minute intervals over a 24-hour period) over the last week.	
Base campus Name / City	
When were you on Campus last?	
Name(s) of siblings/household members on another Campus?	
Campus(es) with siblings or household members	<ul style="list-style-type: none"> <input type="radio"/> PA Elementary <input type="radio"/> PA Middle School <input type="radio"/> PA High School <input type="radio"/> Beaumont Campus <p>(Circle, Highlight or check all that apply)</p>