Gwinnett, Newton and Rockdale County Health Departments
COVID-19 CASE REPORT FORM (Youth Sports)

SCHOOL / LEAGUE / TEAM INFORMATION

Date of Report:_____

Facility Name & Address:_____

Point of Contact Name/Title:_____ **Phone #:**_____

STUDENT ATHLETE / STAFF INFORMATION

☐ **Student Athlete** ☐ **Staff**

Name of Student/Employee:_____ **DOB:**_____

Home Street Address:_____

City:_____ **State:**_____ **Zip Code:**_____ **County:**_____

Gender: ☐**Male** ☐**Female** **Race:**_____ ☐**Hispanic** ☐**Non-Hispanic** **Interpreter?** ☐Yes ☐NO

Parent(s)/ Guardian (if student):_____

Home phone#:_____ **Cell or work phone#:**_____

E-mail:_____

Team Name:_____ **Number of Teammates:**_____

Coach / Asst Coach:_____ **Coach / Asst Coach:**_____

School Aged Child: ☐Yes ☐No **School:**_____

Virtual Learner: ☐Yes ☐No ☐Unknown

KEY DATES:

Symptom Onset:_____ **Last Day(s) on Campus:**_____ **Test Date:**_____ **Result Date:**_____

TEST INFORMATION

Lab Date:_____

COVID-19 Test? ☐**Yes** ☐**No** ☐**Unknown** **Lab result provided to school nurse?** ☐ Yes ☐ No

Type of Test:_____ **Testing Facility:**_____ **Facility Phone:**_____

ADDITIONAL INFORMATION

Sibling or family member who attends/works at the school? ☐ Yes ☐ No *(If yes, please include on line list on pg. 2-3)*

Hospitalized: ☐ Yes ☐ No ☐ Unknown Facility:_____ Date of Admission:_____

IF **SYMPTOMATIC**: Symptom onset date: ____/____/____ ☐ Unknown

- *Infectious period starts 2 days before symptom onset* **Infectious period onset date:** ____/____/____
- ***Isolation period**: 10 days starting from symptom onset AND 24 hours fever-free with improvement of symptoms*

IF **ASYMPTOMATIC**: Lab collection date: ____/____/____ ☐ Unknown

- *Infectious period starts 2 days before lab collection date* **Infectious period onset date:** ____/____/____
- ***Isolation period**: 10 days starting from positive lab date unless symptoms develop, then use criteria for symptomatic cases*

Close contacts of the positive Student/Employee identified? ☐ Yes ☐ No *(If Yes, please complete the line list on pages 2)*

Close contact defined as individuals who have spent 15 minutes more within 6' of the individual during the positive student/employee's infectious period.

- *Quarantine period for close contacts of positive student/employee: 14 days from date of **last exposure** (unless the contact tested positive within the past 90 days).*
- *DPH recommends that close contacts of positive students/employees get tested at day 10 of their quarantine period (in other words, 10 days from the date of last exposure).*

Note: All cases of COVID infection and clusters or outbreaks are IMMEDIATELY reportable to the Health Department.

COVID-19 CLOSE CONTACTS (Individuals spending ≥ 15 minutes within 6')

Fax this report to 770-339-5971 or send by ENCRYPTED e-mail to

Youth Sports: Jessica.Chee@gnrhealth.com

If you need immediate assistance, call 770-339-4260 and ask to speak with the "Epi on Call".

Facility Name & Address:_____

Positive Case/Exposure:_____ **Date Completed:**_____

Name* (Last name, first name)	DOB	Home Address	Phone Number* (preferably cell phone)	Last Date of Exposure*	Exposure Type to Case: Is the contact a student, teacher or support staff?	Was Individual or Guardian Informed	
						Yes/No	Date
Ex. Smith, John	*01/23/45*	*123 Gwinnett Ave, Snellville, GA 30039*	*706-583-5555*	*7/1/20*	*Worked w/ employee (case) on 7/1/20, less than 6ft apart*		

FOR WRITTEN RESPONSES: PLEASE CLEARLY AND LEGIBLY. USE AS MANY LINES AS NEEDED TO COMPLETE THE RECORD FOR A CLOSE CONTACT.

**Required field: These variables are required to ensure complete and timely contact tracing.*

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