



School Portal for Outbreak Tracking: Data Collection Fields

COVID-19 Case

Personal Information

- Exposure Event *
- First Name *
- Last Name *
- Birthdate
- Language
- Email
- Parent / Guardian Name
- Mobile Phone *
- Home Phone
- Resident County / LHJ
- Home Street Address
- City
- State
- Zip
- Housing Status
- Hispanic
- Gender
- Race

School & Symptom Information

- Affiliated with a school? *
- Date last on school campus/facility?
- Recent Visit to >1 campuses/schools?
- Education Group
- If other, specify Education Group
- Name of Education Group
- Ever Symptomatic
- Symptom Onset Date
- Had close contact with a COVID-19 case?
- Is that close contact symptomatic?
- Grade
- Date entity notified of positive test
- Was case infectious while on site?
- Notes



School Portal for Outbreak Tracking: Data Collection Fields

Dates at School While Infectious

- Start Date/Time (1/5)
- End Date/Time (1/5)
- Specific Place in the Location (1/5)
- Potential Number of People Exposed (1/5)
- Start Date/Time (2/5)
- End Date/Time (2/5)
- Specific Place in the Location (2/5)
- Potential Number of People Exposed (2/5)
- Start Date/Time (3/5)
- End Date/Time (3/5)
- Specific Place in the Location (3/5)
- Potential Number of People Exposed (3/5)
- Start Date/Time (4/5)
- End Date/Time (4/5)
- Specific Place in the Location (4/5)
- Potential Number of People Exposed (4/5)
- Start Date/Time (5/5)
- End Date/Time (5/5)
- Specific Place in the Location (5/5)
- Potential Number of People Exposed (5/5)

Lab Results (if known)

- Test Date
- Specimen Source
- Specimen Source - Other
- Test Type
- Test Type - Other
- Test Result
- Test Result – Other
- Test Location

* Denotes required field



School Portal for Outbreak Tracking: Data Collection Fields

COVID-19 Contact

Personal Information

- Exposure Event *
- First Name *
- Last Name *
- Birthdate
- Language
- Email
- Parent / Guardian Name
- Mobile Phone *
- Home Phone
- Resident County / LHJ
- Home Street Address
- City
- State
- Zip
- Housing Status
- Hispanic
- Gender
- Race

School & Exposure Information

- Affiliated with a school? *
- Date last on school campus/facility?
- Recent Visit to >1 campuses/schools?
- Education Group
- If other, specify Education Group
- Name of Education Group
- Last Exposure Date *
- Ever Symptomatic
- Symptom Onset Date
- Grade
- Notes

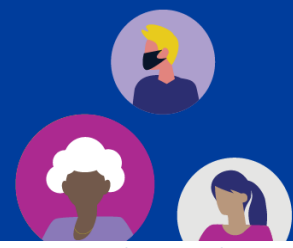


School Portal for Outbreak Tracking: Data Collection Fields

Lab Results (if known)

- Test Date
- Specimen Source
- Specimen Source - Other
- Test Type
- Test Type - Other
- Test Result
- Test Result – Other
- Test Location

* Denotes required field



Shared Portal for Outbreak Tracking: Data Collection Fields

COVID-19 Case

Personal Information

- Exposure Event *
- First Name *
- Middle Name
- Last Name *
- Birthdate
- Language
- Email
- Mobile Phone *
- Home Phone
- Resident County / LHJ
- Home Street Address
- City
- State
- Zip
- Hispanic
- Gender
- Race

Workplace Information

- Occupation/Job Title *
- Last Date Employee Was at Worksite
- Employer Name
- Supervisor Name & Phone Number
- Supervisor Email Address
- Date entity notified of positive test
- Was case infectious while on site?
- Work Area/Department
- Work Shifts

Symptom Information

- Ever Symptomatic
- Symptom Onset Date
- Notes



Shared Portal for Outbreak Tracking: Data Collection Fields

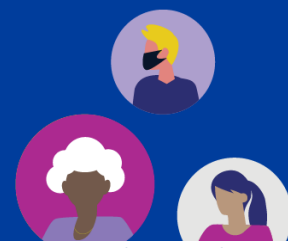
Dates at Workplace While Infectious

- Start Date/Time (1/5)
- End Date/Time (1/5)
- Specific Place in the Location (1/5)
- Potential Number of People Exposed (1/5)
- Start Date/Time (2/5)
- End Date/Time (2/5)
- Specific Place in the Location (2/5)
- Potential Number of People Exposed (2/5)
- Start Date/Time (3/5)
- End Date/Time (3/5)
- Specific Place in the Location (3/5)
- Potential Number of People Exposed (3/5)
- Start Date/Time (4/5)
- End Date/Time (4/5)
- Specific Place in the Location (4/5)
- Potential Number of People Exposed (4/5)
- Start Date/Time (5/5)
- End Date/Time (5/5)
- Specific Place in the Location (5/5)
- Potential Number of People Exposed (5/5)

Lab Results (if known)

- Test Date
- Specimen Source
- Specimen Source - Other
- Test Type
- Test Type - Other
- Test Result
- Test Result - Other
- Test Location

* Denotes required field



Shared Portal for Outbreak Tracking: Data Collection Fields

COVID-19 Contact

Personal Information

- Exposure Event *
- First Name *
- Middle Name
- Last Name *
- Birthdate
- Language
- Email
- Mobile Phone *
- Home Phone
- Resident County / LHJ
- Home Street Address
- City
- State
- Zip
- Hispanic
- Gender
- Race

Workplace Information

- Occupation/Job Title *
- Last Date Employee Was at Worksite
- Employer Name
- Supervisor Name & Phone Number
- Supervisor Email Address
- Work Area/Department
- Work Shifts

Exposure Information

- Ever Symptomatic
- Symptom Onset Date
- Last Exposure Date *
- Notes



Shared Portal for Outbreak Tracking: Data Collection Fields

Lab Results (if known)

- Test Date
- Specimen Source
- Specimen Source - Other
- Test Type
- Test Type - Other
- Test Result
- Test Result - Other
- Test Location

* Denotes required field