SPOT Intake Form Entry: School Fields

Key Point of Contact for Location

Once approved by your local health department, this person will be granted access to SPOT to enter information about the exposure on behalf of the organization.

- First Name - Key *
- Last Name - Key *
- Email - Key *
- Phone - Key *
- Title / Role - Key

Additional Point of Contact for Location

If there is a person (different than above) who should be contacted about this exposure, enter their information here.

- First Name - Alternate
- Last Name - Alternate
- Email - Alternate
- Phone - Alternate
- Title / Role - Alternate

Location of the Exposure

Name and address of the school facility or site where the exposure took place.

- Location Name *
- Location Type *
- Street *
- City *
- Zip/Postal Code *
- State

Exposure Information

- Start Date of Exposure *
- End Date of Exposure
- Specific Place in the Location *
- Number of COVID-19 Positive Cases *
- Number of Close Contacts
- Total Number of People at the Location
- NAICS Code of the Workplace
- Industry of the Workplace
- Reason for Report
- Reason for Report - Specify Other
- Was the exposure indoors or outdoors?
- Notes

SPOT Intake Form Entry: School Fields

Case Entry Fields

- First Name *
- Last Name *
- Birthdate *
- Gender
- Parent/Guardian Name
- Mobile Phone (or Parent/Guardian Phone) *
- Home Phone
- Home Street Address
- City
- State
- Home Zip *
- Date last on school campus/facility? *
- Student or Staff? *
- Grade
- Occupation/Job Title (for Staff)
- Is person an athlete or coach/staff?
- Education Group
- Name of Education Group
- Classroom(s)
- Has this person had symptoms? *
- If yes, when did the symptoms start?
- Test Date *
- Test Result
- Test Type
- Notes
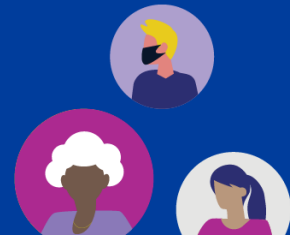
SPOT Intake Form Entry: Workplace Fields

Key Point of Contact for Location

Once approved by your local health department, this person will be granted access to SPOT to enter information about the exposure on behalf of the organization.

- First Name - Key *
- Last Name - Key *
- Email - Key *
- Phone - Key *
- Title / Role - Key

Additional Point of Contact for Location

If there is a person (different than above) who should be contacted about this exposure, enter their information here.

- First Name - Alternate
- Last Name - Alternate
- Email - Alternate
- Phone - Alternate
- Title / Role - Alternate

Location of the Exposure

Name and address of the business facility or site where the exposure took place.

- Location Name *
- Location Type *
- Street *
- City *
- Zip/Postal Code *
- State

Exposure Information

- Start Date of Exposure *
- End Date of Exposure
- Specific Place in the Location *
- Number of COVID-19 Positive Cases *
- Number of Close Contacts
- Total Number of People at the Location
- Do people live at this location?
- If yes, what is the resident capacity?
- NAICS Code of the Workplace
- Industry of the Workplace
- Reason for Report
- Reason for Report - Specify Other
- Was the exposure indoors or outdoors?

SPOT Intake Form Entry: Workplace Fields

- Notes

Case Entry Fields

- First Name *
- Last Name *
- Birthdate *
- Language
- Mobile Phone *
- Home Street Address *
- City *
- State *
- Zip *
- Occupation/Job Title *
- Resident/Staff in Congregate Setting
- Last Date On Site *
- Date entity notified of positive test
- Has person received COVID-19 vaccine?
- Work Area/Department (for Staff)
- # People in Their Unit/Floor/Area/Dept
- Race
- Ethnicity
- Gender
- Has this person had symptoms? *
- If yes, when did the symptoms start?
- Test Date *
- Test Result
- Test Type
- Notes