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 (or Parent/Guardian Phone) *
- Home Phone
- Resident County / LHJ
- Home Street Address *
- City *
- State *
- Zip *
- Housing Status
- Ethnicity
- Gender
- Race

School Information

- Student or Staff? *
- Date last on school campus/facility? *
- Recent Visit to >1 campuses/schools?
- Grade
- Classroom(s)
- Education Group
- If other, specify Education Group
- Name of Education Group
- Is person an athlete or coach/staff?

Symptom Information

- Has this person had symptoms? *
- If yes, when did the symptoms start?
- Had close contact with a COVID-19 case?
- Is that close contact symptomatic?
- Date entity notified of positive test
- Was Case Infectious While At School?

Denotes required field

School Portal for Outbreak Tracking: Data Collection Fields

- o Has person received COVID-19 vaccine?
- o Notes

Workplace Information

- o Occupation/Job Title (for Staff)
- o Last Date On Site
- o Employer Name (for Staff)
- o Supervisor Name & Phone Number (for Staff)
- o Supervisor Email Address (for Staff)
- o # People in Their Unit/Floor/Area/Dept

Dates at School While Infectious

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

Lab Results (if known)

- o Test Date *
- o Specimen Source
- o Specimen Source - Other
- o Test Type
- o Test Type - Other
- o Test Result

* Denotes required field

School Portal for Outbreak Tracking: Data Collection Fields

- o Test Result – Other
- o Test Location
- o Accession Number

School Portal for Outbreak Tracking: Data Collection Fields

COVID-19 Contact

Required (*) & Prioritized Fields

- Exposure Event *
- First Name *
- Last Name *
- Mobile Phone (or Parent/Guardian Phone) *
- Birthdate *
- Home Street Address *
- City *
- State *
- Zip *
- Student or Staff? *
- Occupation/Job Title (for Staff)
- Last Exposure Date *
- Date last on school campus/facility? *

Personal Information

- Parent / Guardian Name
- Home Phone
- Email
- Language
- Resident County / LHJ
- Gender
- Grade
- Classroom(s)
- Has person received COVID-19 vaccine?
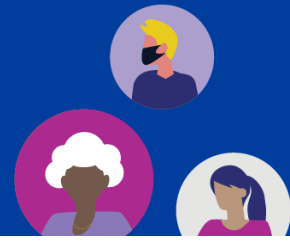- Is person an athlete or coach/staff?
- Notes

Lab Results

- Has this person already been tested?
- Test Date
- Test Result

Symptom Information

- Has this person had symptoms?
- If yes, when did the symptoms start?

Denotes required field

Shared Portal for Outbreak Tracking: Data Collection Fields

COVID-19 Case

Personal Information
- o Exposure Event *
- o First Name *
- o Middle Name
- o Last Name *
- o Birthdate *
- o Language
- o Email
- o Mobile Phone (or Parent/Guardian Phone) *
- o Home Phone
- o Resident County / LHJ
- o Home Street Address *
- o City *
- o State *
- o Zip *
- o Ethnicity
- o Gender
- o Race

Workplace Information
- o Occupation/Job Title (for Staff) *
- o Last Date On Site *
- o Employer Name (for Staff)
- o Resident/Staff in Congregate Setting
- o Supervisor Name & Phone Number (for Staff)
- o Supervisor Email Address (for Staff)
- o Date entity notified of positive test
- o Was Case Infectious While At Work?
- o Work Area/Department (for Staff)
- o Work Shifts (for Staff)
- o # People in Their Unit/Floor/Area/Dept

Symptom Information
- o Has this person had symptoms? *
- o If yes, when did the symptoms start?
- o Had close contact with a COVID-19 case?
- o Is that close contact symptomatic?
- o Has person received COVID-19 vaccine?

Denotes required field

Shared Portal for Outbreak Tracking: Data Collection Fields

- Is person an athlete or coach/staff?
- Notes

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
- Accession Number

Denotes required field

Shared Portal for Outbreak Tracking: Data Collection Fields

COVID-19 Contact

Personal Information

- o Exposure Event *
- o First Name *
- o Last Name *
- o Birthdate *
- o Mobile Phone (or Parent/Guardian Phone) *
- o Email
- o Home Phone
- o Language
- o Gender
- o Home Street Address *
- o City *
- o State *
- o Zip *
- o Resident County / LHJ

Workplace Information

- o Occupation/Job Title (for Staff) *
- o Last Date On Site *
- o Employer Name (for Staff)
- o Resident/Staff in Congregate Setting
- o Work Area/Department (for Staff)
- o Work Shifts (for Staff)

Exposure Information

- o Last Exposure Date *
- o Has person received COVID-19 vaccine?
- o Notes

Lab Results

- o Has this person already been tested?
- o Test Date
- o Test Type
- o Test Result

Symptom Information

- o Has this person had symptoms?
- o If yes, when did the symptoms start?

Denotes required field