COVID19 case report

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| **Reference number** |  |
| **Date positive case was reported** |  |
| **Name of staff/ student** |  |
| **Staff /student number** |  |
| **Telephone number** |  |
| **Email address** |  |
| **Residential address** |  |
| **Method of reporting** |  |
| **Facility where the test was conducted** |  |
| **State of health** |  |
| **Details** | |
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Link to folder with supporting documents:

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| Follow up actions: |

Please refer to the contact tracing SOP for definition of a direct contact

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| **Contact tracing Mr/Ms XYZ** | | | |
| Name and Surname | Contact number | Date of commencement of 14 day Isolation period - Date of isolation period | Notes |
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| **Contact tracing** | | | |
| Name and Surname | Contact number | Date of commencement of 14 day Isolation period - Date of isolation period | Notes |
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