**CONFIDENTIAL**

**Covid-19 case report**

|  |  |
| --- | --- |
| **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** | |
| *Please write a full report including all actions taken* | |

|  |
| --- |
| Follow up actions: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact tracing (*Student/Staff Names)*** | | | |
| Name and Surname | Contact number | Date of 14 day isolation period | Notes |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |

Compiled by *Name* – *Designation*

*Date*