**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*  |

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| --- |
| 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*