Printable Line List - Cases Only

Instructions: Please use this form to track COVID-19 cases at your school/daycare/youth program. AHD recommends printing this form and keeping it with you so that if parents or staff members call to report COVID-19 symptoms or test results you're able to document the relevant information accordingly. If you identify **3 or more cases** that share an exposure group (e.g., same classroom, same sports team) please alert AHD's school/daycare team.

Symptoms: Please check all that apply. **If no symptoms present, check "asymptomatic."** If other symptoms are present, please describe (e.g., itchy eyes, red eyes, ear pain, rash)

Vaccination Status

Exposure History

Does this case have a **known exposure** to COVID-19? If yes, please describe

Name of Case	Classroom/ Cohort/ Teacher's Name/ Sports Team	Date of Positive Test	Type of Test (please circle all that apply)	Date of Symptom Onset	Asymptomatic	Fever/chills	Cough	SOB	Fatigue	Body Aches	Headache	Loss of taste/smell	Sore throat	Congestion or runny nose	Nausea or vomiting	Diarrhea	Other (please describe):	Fully Vaccinated?	Up to Date/ Boosted?	Exposure History
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