

COVID-19 Positive Form

Use this form to record any staff or child that tests positive for COVID-19. Once reviewed, email the staff positive to HR and child positive to Health. If there are multiple staff or children that test positive, please use a new form for each positive case.

Positive Person Information

1. Name: _____
2. Today's Date: _____
3. Center/Classroom: _____
4. Position (If an employee): _____
5. What date did the employee/child test positive? _____
6. What was their last day at the center/office? _____