

PLEASE RETURN THIS WORKSHEET TO THE DOH INVESTIGATOR									
INVESTIGATOR PHONE NUMBERS									
INVESTIGATOR	INVESTIGATOR	For DOH Investigator only - MAVEN #:							
INVESTIGATOR EMAIL									
COMPLETE SHEET FOR POSITIVE CASE. COMPLETE SHEET 2 FOR CONTACTS									
DAYCARE INFORMATION: <i>Please make sure to fill this information in entirely!</i>									
Person Completing Form:	<b>INSTRUCTIONS FOR THIS WORKBOOK:</b>  There are two sheets to this workbook. 1) Information on the positive student is on the first sheet of the workbook, labeled "Positive". 2) Close contacts to the positive case are to be listed on the second sheet of this workbook labeled "Contact". 3) There are several columns, so it will require scrolling. 4) Both sheets need to be filled out for the information to upload into the Department of Health system correctly. 5) Please complete this workbook and return to the Dept. of Health Investigator as soon as possible.  Location of exposure should be specific. For example, lunchroom, daycare classroom, etc.  Formatting 1) Column entries are mapped to fields in the Department of Health system. DO NOT change what the columns are used for. 2) Phone numbers need to be in ###-###-#### format 3) All dates (birthdate and quarantine dates) need to be in ##/##/#### format 4) Cities need spelled out (Rapid City, not RC) List only close contacts. NOT entire classrooms or daycare rosters on the contact sheet. <b>Anyone listed on the Contact Sheet of this workbook will be contacted and told to quarantine.</b> 1) Close contact has been within 6 feet for >15 minutes 2) OR has had direct contact with sick person's respiratory secretions (got directly coughed/sneezed on)  Comments:								
Phone Number of Person Completing Form:									
Email of Person Completing Form:									
Daycare Name:									
Daycare Address:									
Apt#/Lot#/P.O. Box#									
City									
State									
Zip Code									
<b>POSITIVE CASE INFORMATION</b>									
Enrolled Child or Faculty Member First Name:									
Enrolled Child or Faculty Member Last Name:									
Enrolled Child or Faculty Date of Birth:									
Parent/Guardian Name(s):									
Address									
Apt#/Lot#/P.O. Box#									
City									
State									
Zip Code									
Country									
Phone Number 1									
Phone Number 2									
E-Mail Address									
Date Enrolled Child or Faculty Member Last Attended Daycare									
Does This Child Ride a Daycare Bus?									
Extra Curricular Activity (ie: swim lessons)									
Last Date Attended									
Date Daycare Staff Noticed Symptoms in Attendee/Staff Member									
What were the symptoms the daycare noticed?									