

FOR POSITIVE HOME SELF TEST RESULTS ONLY - DO NOT REPORT NEGATIVE RESULTS

LAST NAME		FIRST NAME		DATE OF BIRTH	
PARENT/GUARDIAN NAME (IF UNDER 18):					
PHONE NUMBER			ALTERNATE PHONE NUMBER		
EMAIL ADDRESS			CONFIRM EMAIL ADDRESS		
STREET ADDRESS		CITY		ZIP CODE	
GENDER		RACE		ETHNICITY	
HAVE YOU RECEIVED A COVID 19 VACCINE?		IF YES, WHAT BRAND? (Check One)		DATES OF VACCINATION	
YES NO		MODERNA PFIZER J&J		1 ST _____ 2 ND _____ 3 RD _____	
SELECT THE BRAND OR TYPE OF TEST (Check One)					
BINAX NOW ON/GO QUICK VUE IHEALTH OTHER _____					
DATE OF POSITIVE TEST		DOES THE PERSON WITH THE POSITIVE SELF-TEST HAVE ANY COVID-19 SYMPTOMS?		IF YES, WHAT DATE DID SYMPTOMS START?	
LIST SYMPTOMS BELOW					
NAME OF SCHOOL DISTRICT		NAME OF SCHOOL		LAST DATE AT LOCATION	
SPORTS/ACTIVITIES WHILE INFECTIOUS (2 DAYS PRIOR TO SYMPTOM ONSET OR POSTIVE TEST IF SYMPTOM FREE)					
NAME OF PERSON COMPLETING THE FORM			DATE FORM COMPLETED		
FOR INTERNAL USE ONLY					
NAME OF THE PERSON ENTERING FORM INTO COMM CARE			DATE ENTERED INTO COMM CARE		
DATE GIVEN TO JUE			CASE NUMBER		

Please email completed form to COVIDtestreporting@oswegocounty.com