

COVID-19 Positive Test Reporting Tool

This tool should be completed by the Department Chair in conjunction with the faculty member. Once completed, this form should be shared with: appropriate Academic Dean, Health Services and the Dean of Students. The information in this form will be used to determine the appropriate response to the situation.

Last Name of Student

First Name of Student

ID #

Class Enrolled In (CRN and Section)

Instructor's Name

Instructor's Contact Phone Number

Briefly describe the details regarding the positive test

Date Symptoms Appeared

Date of Positive Test

Date of the last **TWO times** student was on campus

Date of Next Scheduled In-Person Class Meeting

Briefly explain the interaction between students on the last date of attendance

Is there any other information that is pertinent to this situation? If so please briefly describe below:

Please forward this information to:
Dean of the School,
Cheryl Barnard, Dean of Students at cbarnard@sdccd.edu
Lezlie Allen, Student Health Services at Lallen@sdccd.edu