



COVID-19 Reporting Form

Campus-based employees will immediately contact the Principal/AP and Campus Nurse if exposed to or diagnosed with COVID-19. **All other employees** will contact Supervisor and Health Services at healthservices@ems-isd.net or 817-306-0864 Ext. 6203.

The COVID-19 Reporting Form must be completed by the employee who exhibits symptoms of COVID-19, has been exposed to or diagnosed with COVID-19 or is a caregiver to someone that meets one of the criteria. Campus employees will submit completed forms to the campus nurse or campus administration. Department and district-wide employees will submit completed forms to their direct supervisor. Completed forms will then be emailed to healthservices@ems-isd.net.

Name: _____

Employee Phone Number: _____ Date of Birth: _____

Position: _____ Campus/Dept: _____

Emergency Contact: _____ Contact Phone Number: _____

Supervisor: _____ Date Supervisor Notified: _____

- Are you experiencing symptoms of COVID-19? Yes ___ No ___ Date symptoms started _____
- Have you been exposed to someone lab-confirmed positive for COVID-19? Yes ___ No ___ Date of exposure _____
- Have you been tested for COVID-19? Yes ___ No ___ Date tested _____
- Lab-confirmed results of COVID-19 test: Positive ___ Negative ___ Date of test results _____
- Are you currently a care giver to someone who is symptomatic, has been exposed to, or tested positive for COVID-19?
___ Yes ___ No Please explain: _____

- Last date the employee was physically present in any district facility.
Date: _____ Campus/Facility: _____ Timeframe at campus/facility _____

If in multiple facilities, please list all facilities on a separate sheet including the time spent at each site.

- List specific rooms or locations in which the employee was last present in the facility.
Location/Room Numbers _____
- The date and names of individuals (such as employees, students, parents, and/or community members) to which the employee was in physical proximity, 6 feet or less for 15 or more minutes. If in close proximity to an entire class of students, list class period(s).
Date: _____ Name: _____ Campus/Dept: _____
Date: _____ Name: _____ Campus/Dept: _____

If additional space is needed, attach a separate sheet and return with the COVID-19 Reporting Form.

Email a copy of the COVID-19 Reporting Form and all related information to healthservices@ems-isd.net, for questions email the Director of Health Services, Hollie Smith at healthservices@ems-isd.net or 817-306-0864, ext. 6203.

Employee Signature: _____ Date: _____

Office Use Only:

Approved to work remotely? ___ Yes ___ No Approved by: _____ Date _____