Logo, company name

Description automatically generated

**CBS COVID REPORTING FORM**

Date

Please answer the following questions as completely as possible.

Submit to [CovidResponse@cbshouston.edu](mailto:CovidResponse@cbshouston.edu).

1. This report is about (select one)

* Person who received a positive test result
* Person who has symptoms of COVID, but has not been tested or test results are pending
* Person who has been exposed to someone who received a positive test result

1. Person making this report

* Self
* Supervisor
* HR representative
* Faculty member
* Staff
* Other

1. Please provide information of individual affected by COVID:

First name:

Last name:

Primary role:

* Student
* Staff
* Faculty
* Other – please specify

Mobile phone number:

Email address:

Campus location:

1. Potential Contacts or Exposures of Individual Affected by COVID-19:

Was there known prior contact with a positive or suspected COVID-19 case?

* Yes
* No
* Unsure

What areas of campus did the individual visit 48-hours before symptoms started or before receiving positive test result? Please list locations visited/worked. Please be specific.

List all individuals in possible close contact 48 hours before suspicion, diagnosis, or notification.

*Name: Phone number: Email:*

What in-person classes or events did the individual attend starting 48 hours before symptoms started?

*Date: Class: Faculty: Course:*