



School Portal for Outbreak Tracking: Data Collection Fields

COVID-19 Case

Personal Information

- Exposure Event *
- First Name *
- Last Name *
- Birthdate
- Language
- Parent / Guardian Name
- Best Phone Number to Reach
- Resident County / LHJ
- Street Address
- City
- State
- Zip
- Housing Status
- Hispanic
- Gender
- Race

School & Symptom Information

- Affiliated with a school? *
- Date last on school campus/facility?
- Recent Visit to >1 campuses/schools?
- Education Group
- If other, specify Education Group
- Name of Education Group
- Ever Symptomatic
- Symptom Onset Date
- Notes

Lab Results (if known)

- Test Date
- Specimen Source
- Specimen Source - Other
- Test Type
- Test Type - Other
- Test Result
- Test Result – Other

* Denotes required field



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