



STUDENT WORKSHEET

Positive COVID-19 test / Pending COVID-19 test / Close Contact

POSITIVE TEST DATE OF TEST _____

PENDING TEST DATE OF TEST _____

TYPE OF TEST Molecular/viral test (PCR or Antigen) Antibody Indeterminate Unknown

DATE SYMPTOMS FIRST BEGAN _____ Unknown Asymptomatic

CLOSE CONTACT WITH COVID POSITIVE PERSON DATE OF CONTACT _____

TEST/CLOSE CONTACT REPORTED BY _____

DATE TEST/CLOSE CONTACT REPORTED _____

STUDENT NAME (PRINT) _____

SCHOOL (PRINT) _____

GRADE (circle) PK Kindergarten 1st 2nd 3rd 4th 5th 6th 7th 8th
9th 10th 11th 12th

CLASS/POD NAME _____

DATE OF BIRTH _____

GENDER (circle) Male Female Other/non-binary

ETHNICITY (circle) Hispanic Non-Hispanic Unknown

RACE (circle) Black White Asian American Indian/Alaska Native
Native Hawaiian/Other Pacific Islander Other Unknown

PARENT/GUARDIAN NAME _____

PARENT/GUARDIAN PHONE NUMBER _____

FORM EMAILED TO safetycoordinator@stpsb.org DATE _____

STPPS EMPLOYEE _____