

**Macomb County Health Department  
COVID-19 Case Report Form**

**SCHOOL REPORTING INSTRUCTIONS**

1. Complete the COVID-19 Case Report Form for all individuals who test positive for COVID-19 (PCR or antigen test). Find out more current information on managing cases at the COVID-19 School Resource link: <https://health.macombgov.org/Covid19-ResourcesForSchools>
2. Please return report form via email to the Macomb County Health Department Communicable Disease (MCHD CD) program at [diseasecontrol@macombgov.org](mailto:diseasecontrol@macombgov.org)
3. For prompt answers to specific questions, **please contact MCHD CD staff via email to [diseasecontrol@macombgov.org](mailto:diseasecontrol@macombgov.org).**

Date of Report		
School Name		
Case Report for	<input type="checkbox"/> Student	<input type="checkbox"/> Staff
Name (Last, First)		
Date of Birth		
Student Grade/Staff Title		
Parent/Guardian (if minor)		
Phone Number		
Address		
Test Date		
Test Type/Facility		
Symptom Onset Date		<input type="checkbox"/> No Symptoms
Last Date in School		
Reporting Official		
Phone Number		

3/30/2022