**COVID-19 Positive Information Form (for students and employees)**

**Instructions for Students**

1. Student will notify all their instructors of a positive COVID-19 test result.
2. Instructor will collect information from the student (email address is mandatory for notification purposes) and record it on the ***COVID-19 Positive Information Form***. (See access instructions below)
3. Instructor will email the completed form to:
	* his/her immediate supervisor,
	* COVID-19 Response Team at #COVID19response@tridenttech.edu
	* ***After Hours and Weekends***:
		1. Complete the steps above.
		2. In addition to submitting the completed form, call Public Safety at 843-574-6053 and ask Public Safety to notify the designated COVID Response Team Member.
			+ ***You only need to confirm that you have submitted the COVID-19 Positive Information Form. The COVID Response Team Member will get the data from the submitted form.***

**Instructions for Employees**

1. Employee will notify their direct supervisor of a positive COVID-19 test result.
2. Supervisor will collect information from the employee and record it on the ***COVID-19 Positive Information Form***. (See access instructions below)
3. Supervisor will email the completed form to:
	* his/her immediate supervisor,
	* COVID-19 Response Team at #COVID19response@tridenttech.edu
	* ***After Hours and Weekends***:
		1. Complete the steps above.
		2. In addition to submitting the completed form, call Public Safety at 843-574-6053 and ask Public Safety to notify the designated COVID Response Team Member.
			+ ***You only need to confirm that you have submitted the COVID-19 Positive Information Form. The COVID Response Team Member will get the data from the submitted form.***

 **Where to access the form**

The***COVID-19 Positive Information Form*** is located:

1. TTC Portal
	* COVID-19 Important Updates section <https://my.tridenttech.edu/facultyandstaff/Pages/default.aspx>
2. TTC Website
	* Faculty/Staff Resources page <https://www.tridenttech.edu/facultyStaff.htm>

**COVID-19 Positive Information Form (for students and employees)**

Submitted by: Click or tap here to enter text. Date: Click or tap to enter a date.

COVID-19 Positive Individual:

 Name: Click or tap here to enter text. Email: Click or tap here to enter text.

 CID: Click or tap here to enter text. Date of COVID-19 Test: Click or tap to enter a date.

 [ ]  FT Instructor [ ]  PT Instructor [ ]  FT Staff [ ]  PT Staff [ ]  Student

If the positive individual is displaying symptoms, provide the date symptoms began: Click or tap to enter a date.

Last date COVID-19 positive individual was on campus (classroom or office): Click or tap to enter a date.

Last date COVID-19 positive individual was in attendance (**online courses only**): Click or tap to enter a date.

**Student/Faculty Course Data**

***(To be completed by instructor only. If this is an employee who attends face-to-face classes, direct the employee to their instructor.)***

Term/Prefix/Course Number/Section: Click or tap here to enter text. *(ex. 2020U WLD 117 002)*

Course Meeting Pattern: Click or tap here to enter text. *(ex. Mon, Wed 6:00-10:00 p.m.)*

Where does the course meet (include all on-campus spaces)?

Bldg./Rm: Click or tap here to enter text. Bldg./Rm: Click or tap here to enter text.

Bldg./Rm: Click or tap here to enter text. Bldg./Rm: Click or tap here to enter text.

Are there any special cleaning considerations? *(e.g. specialty equipment)*

Click or tap here to enter text.

Do all students on the roster attend at the same time?

 [ ]  Yes [ ]  No *(ex. Half of the class attends on Monday, half on Wednesday)*

***If no***, attach a listing of students who attended with the COVID-19 positive individual.

Was the COVID-19 positive individual in close contact (defined as being within 6 feet for 10 minutes with an individual) with any other members of the class, to include instructors and other students?

 [ ]  Yes [ ]  No

***If yes***, attach a listing of any class members who were in close contact with the COVID-19 positive individual.

Does this class serve members of the public (e.g. Cosmetology clinic)?

 [ ]  Yes [ ]  No

Has the COVID-19 positive class member been in close contact (defined as being within 6 feet for 10 minutes with an individual) with any member of the public?

 [ ]  Yes [ ]  No

***If yes***, can you provide a listing of the members of the public who were in close contact with the COVID-19 positive individual?

 [ ]  Yes [ ]  No

***For students in a clinical setting:***

Did the close contacts (defined as being within 6 feet for 10 minutes with an individual) of the COVID-19 positive student wear the proper PPE (Personal Protective Equipment) during the duration of their contact with the positive employee?

 [ ]  Yes [ ]  No

***If yes***, provide a detailed list of the PPE (Personal Protective Equipment) that was worn by the close contact during the duration of their time with the positive employee.

Additional Comments: Click or tap here to enter text.

**Employee Data**

***(Mandatory for All Employees)***

Department: Click or tap here to enter text.

Last date COVID-19 positive employee worked on campus: Click or tap to enter a date.

Was the employee on campus within 48 hours prior to the onset of their symptoms or receiving positive test results? [ ]  Yes [ ]  No

* ***If Yes***, complete remaining questions.
* ***If No***, go to Employee Working Remotely.

If they worked on campus, list all the office locations where they entered:

Bldg./Rm: Click or tap here to enter text. Bldg./Rm: Click or tap here to enter text.

Bldg./Rm: Click or tap here to enter text. Bldg./Rm: Click or tap here to enter text.

Are there any special cleaning considerations? *(e.g. specialty equipment)*

Click or tap here to enter text.

Was the COVID-19 positive employee in close contact (defined as being within 6 feet for 10 minutes with an individual) with other persons such as employees and/or students?

 [ ]  Yes [ ]  No

***If yes***, attach a listing of individuals who were in close contact with the COVID-19 positive employee. Make sure to indicate whether they are employees or students.

Was the COVID-19 positive employee in contact with any other employees (*e.g. same work area*)?

 [ ]  Yes [ ]  No

 ***If yes***, attach a listing of any employees who were in contact with the COVID-19 positive employee.

***For employees that work in a clinical setting:***

Has the COVID-19 positive employee been in close contact (defined as being within 6 feet for 10 minutes with an individual) with any member of the public?

 [ ]  Yes [ ]  No

***If yes***, can you provide a listing of the members of the public who were in close contact with the COVID-19 positive individual?

 [ ]  Yes [ ]  No

Did the close contacts (defined as being within 6 feet for 10 minutes with an individual) of the COVID-19 positive employee wear the proper PPE (Personal Protective Equipment) during the duration of their contact with the positive employee?

 [ ]  Yes [ ]  No

***If yes***, provide a detailed list of the PPE (Personal Protective Equipment) that was worn by the close contact during the duration of their time with the positive employee.

**Employee Working Remotely:**

Is this employee setup for working remotely? [ ]  Yes [ ]  No

Will the employee continue to work remotely while not on campus? [ ]  Yes [ ]  No

* ***If Yes***, go to Additional Comments.
* ***If No***, continue to Employee Leave below.

**Employee Leave**:

Has the employee missed work and/or plans to use leave for future dates? [ ]  Yes [ ]  No

Provide employee’s regular shift (i.e. 8:30AM-5PM): Click or tap here to enter text.

Leave Start Date: Click or tap to enter a date.

Leave Start Time (i.e. 9AM): Click or tap here to enter text.

Date of Requested Leave to end: Click or tap to enter a date.

Additional Comments: Click or tap here to enter text.