



ADH/ADE COVID-19 SCHOOL HOTLINE:



Positive Case Reporting Form and PCC List

Complete this form before Reporting the Positive Case - 833-504-0155

INITIAL ACTIONS	Organization Name:		Facility/Campus:		Date:	
	Reporter Name & Contact Information:		School Hotline Operator Name:		County:	

Positive Case Name (Last Name, First Name)	Name of Parent/Guardian (If NOT Staff)	Contact Number(s)	Facility License Number
Category:	Comments:		
Date of Birth (MM/DD/YYYY):			
Reason for Testing:			
Date tested:			
Date symptoms started:			
No Symptoms reported:	<input type="checkbox"/>		
Last date on-site:			
Testing site name:	<input type="checkbox"/>	UNK	Date test results rec'd:
Testing site location:	<input type="checkbox"/>	UNK	Type of test:

NEXT STEPS

1. Compile a list of **Probable Close Contacts** and **THEN** notify them of their potential exposure to a positive case **AND** to self-quarantine immediately for 14 days from the last date of contact with the positive case.
2. Call the School Hotline to Report the positive case.
3. Email completed form to ADH.SchoolPCC@arkansas.gov. **Subject:** ATTN Operator Name, Organization Name, County

NO PROBABLE CLOSE CONTACTS IDENTIFIED

	Date Notified to Quarantine	Probable Close Contact Name(s) (Last Name, First Name)	Name of Parent/Guardian (if NOT Staff)	Contact Number(s)	Date of Last Contact with Positive Case	Category of PCC	ADH Use Only - CT Status
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