



EL DORADO COUNTY
HEALTH AND HUMAN SERVICES AGENCY *Public Health Division*
Communicable Disease Unit

Outside of School Exposure Reporting Form

| | | | |
|-------------------------------|--------------------------|---------------|--------------------------|
| School Name: | | | |
| Student: | <input type="checkbox"/> | Staff: | <input type="checkbox"/> |
| First & Last Name: | | | |
| Date of Birth: | | | |
| Gender: | | | |
| Positive Case Name: | | | |
| Physical Address: | | | |
| Phone Number: | | | |
| Date of Exposure: | | | |
| Location of Exposure: | | | |
| Comments: | | | |

Date Form Completed:

School Nurse:

Strengthening, Empowering and Protecting the Residents of El Dorado County