



Nevada County Public Health Department

School Exposure Reporting Form

Name of School:

School Contact & Phone Number:

Communicable Disease Control 530.265.1420

Name of COVID+ Case:

Phone No. of COVID+ Case

Complete and Submit fax to 530.271.0836

Confirmed, Suspect, Contact COVID + Staff, Teacher, Student	Please Designate: Staff, Teacher, Student	Name of Teacher	Date of Last Exposure to Case (mm/dd/yy)	Last Name (must include)	First Name (must include)	Date of Birth (must include)	CalREDIE ID (FOR NCPHD ONLY)	Email	Contact Phone (must include)	Parent/Guardian Name if Student	Contact Address	County of Residence	Symptomatic? (must include)