COVID-19 Case Report Form

Please complete this form for confirmed COVID-19 cases. Email form to studentaffairs@cuca.ae

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| **REPORTER INFORMATION** |
| Date: Designation:  Full Name: Mobile no.:  ID. Number**:** |
| **COVID-19 TESTING and CLINICAL INFORMATION** |
| Test type  PCR/molecular: ☐ Positive ☐ Negative ☐ Not Done  Date of symptom onset: OR ☐ Asymptomatic  Is patient hospitalized? ☐ Y ☐ N Pregnant? ☐ Y ☐ N  ICU Admission? ☐ Y ☐ N Deceased? ☐ Y ☐ N  Admit Date Date of death:\_\_\_\_/\_\_\_\_/\_\_\_\_ Discharge Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_    Hospital Name: |
| **STUDENT INFORMATION** |
| Full Name:  Student ID:  Mobile Number**:** Major:  Sex: ☐**Male** ☐**Female**  Has the student been on campus within the last 7 days?  ☐ ☐YES ☐ NO  If yes, mention below the facility/department visited:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Did the student meet any other students/faculty/staff outside the campus? ☐ Y ☐ N  If yes, please mention their names:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Names of other students/faculty/staff in contact with the student on campus in the last 7 days|
| **NOTES** |
| * This form must be submitted to the Student Affairs Department ([studentaffairs@cuca.ae](mailto:studentaffairs@cuca.ae)) * Students must be informed to send COVID test results to the College nurse on [a.varghese@cuca.ae](mailto:a.varghese@cuca.ae) * A 14 day self-isolation period is mandatory for COVID19 positive cases. * Parents/guardians must be informed and provided information on quarantine measures and distance learning plans. * Student will be allowed back to campus after producing a negative COVID19 test result after 14 days. * Any person on campus in close contact with the infected student (more than 15 minutes at 1.5m distance) is obliged to undergo examination and 14 day quarantine. |