RESIDENT Positive COVID-19 Reporting Form

Residential Care Facilities

Any resident positive for COVID-19 must be reported to Ingham County Health Department Communicable Disease (CD).

Complete and fax this form to (517) 887- 4379. Call (517) 887- 4308 if unable to fax.

You will receive a follow up phone call from a CD Nurse. Please call (517) 887- 4308 with any questions.

Facility Information

Name of Facility:	
Address:	
Phone #:	Contact Person/Title:

Resident Information

Name of Resident:	DOB:
MDPOA/Guardian Name: (if applicable)	Phone #:
Symptom Onset Date:	Notes: (e.g., asymptomatic)

Did the resident have any offsite visits within 2 weeks prior to symptoms or positive test results?

☐ No

☐ Yes (provide details)

TEST RESULTS of Resident

Test Date	Type of Test	Result	Location Name
	☐ Antigen ☐ PCR	☐ Negative ☐ Positive	
	☐ Antigen ☐ PCR	☐ Negative ☐ Positive	

Close Contacts: A close contact is defined as being within approximately 6 feet (2 meters) of a COVID-19 case for 15 minutes including brief encounters in a 24-hour period totaling 15 minutes or more.

1. **List any close contact**, as described above, going back 48 hours prior to symptom onset or test date if the COVID-19 positive person was without symptoms. If it has been at least 2 weeks since the close contact completed their COVID-19 vaccine series, they are not considered a close contact and DO NOT need to be added to the list.
2. **Quarantine all residents** for 14 days regardless of their known vaccine status. **Others:** If it has been at least 2 weeks since the close contact completed their COVID-19 vaccine series AND are asymptomatic, they DO NOT need to quarantine.

Name	Phone #	Date Exposed

Notes (if applicable)

Please use additional sheet of paper if needed.

CD 4/22/21

Person Completing Report/Title: ______________________________________ Date: __________