**Covid-19 Confirmed Cases in School: Form to complete for confirmed cases**

**Please complete one form for each positive case**

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| **Name of School:** | |
| **Question** | **Answer** |
| Who tested positive (staff or pupil including Year group)? |  |
| Date of symptom onset (if symptomatic)? |  |
| When were they last in school? |  |
| When did they take a Covid-19 test? |  |
| When did they get their test result? |  |
| Who and how many is/are self-isolating (breakdown of staff/pupils and any bubbles) as a result? Please include those who tested positive in your figures. | Staff:  Pupils/Year Groups/Bubbles: |
| When does the self-isolation end (last day of isolation) for the close contacts? |  |
| Has the school opted to call the DfE for support? If so, please provide any reference number given. |  |
| Has the LCRC been contacted (special schools only and mainstream schools who meet the LCRC thresholds)? If so, please provide any reference number given. |  |

**Please send this completed form to:**

Schools Health and Safety [schoolshealthandsafety@ealing.gov.uk](mailto:schoolshealthandsafety@ealing.gov.uk)

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