



COVID-19 REPORT FORM

This form is for faculty, staff, and students to notify Norwalk Community College of change in health status related to COVID-19.
Email completed form to Nk-COO@Norwalk.edu**

YOUR COLLEGE AFFILIATION: Student Faculty Staff Community Partner

NATURE OF REPORT: Confirmed COVID-19 Case Exposed to someone who tested positive for COVID-19

WHO WAS AFFECTED?

- Me (I am self-identifying)
- NCC Student
- NCC Employee
- Significant Other
- Family Member
- Friend/Associate
- Other: _____

HAS THE AFFECTED PERSON BEEN TESTED FOR COVID-19?

___ YES ___ NO ___ UNSURE

TEST DATE: _____ DATE OF RESULTS: _____

RESULTS: ___ POS ___ NEG ___ RESULTS PENDING

IF THE AFFECTED PERSON IS AN NCC STUDENT OR EMPLOYEE, ARE THEY TAKING ANY ON-CAMPUS COURSES OR WORKING ON CAMPUS?

___ YES ___ NO (online/remote only) ___ Unsure

WHEN WAS THE LAST TIME THE AFFECTED PERSON WAS ON-CAMPUS? Date: ____/____/____ Unknown

PLEASE PROVIDE ADDITIONAL CONTACT INFORMATION IF THE AFFECTED PERSON IS AN NCC STUDENT OR EMPLOYEE

STUDENT/EMPLOYEE NAME: _____ (Required) **BANNER ID:** @ _____

PHONE NUMBER: _____ **EMAIL:** _____

DEPARTMENT: _____ (for Employees only)

SYMPTOMS EXPERIENCED AND ACTIONS TAKEN

Please provide information regarding when you may have been exposed, symptoms you are currently experiencing, actions taken, and if any assistance is needed from NCC.

Dates believed to have been in contact with someone affected by COVID-19: _____

Please indicate current symptoms: Cough Shortness of Breath Fever No Symptoms at this time Other: _____

What actions have been taken: Self-care at home Urgent care or ER visit/Hospital stay No actions taken at this time Other

Do you: Need assistance contacting my supervisor Need assistance contacting my teachers No current needs at this time

ACKNOWLEDGEMENTS

- I acknowledge that I will not be allowed to return to Norwalk Community College until at least 14 calendar days after notice of contact/exposure to COVID-19. On the fourteenth day of the 14-calendar day period, I will notify Norwalk Community College's Dean of Students (students) or my supervisor (employees) of my return date to campus if I am not showing symptoms of COVID-19.
- I attest the information provided is true and correct to the best of my ability and understand that any false statements/allegations may be subject to disciplinary actions including but not limited to expulsion (student) or dismissal (employee).

SIGNATURE: _____ **DATE:** _____