



## Reporting Form for Confirmed Cases of COVID 19

The information requested below will be used to inform the College Administration of potential exposure of confirmed cases of COVID-19 at Capital Community College, and it may be shared with the local Department of Public Health. Your report and participation is voluntary, but it is critical to the College's efforts to control the spread of COVID-19 at the College and within the community. Although this form requests your name and other personally identifiable information, that information may be shared only with the Department of Public Health.

By providing this information to the College, I consent to its use as described above.

Please email [emiranda@ccc.commnet.edu](mailto:emiranda@ccc.commnet.edu) with any questions.

Have you tested positive for COVID-19?  Yes  No

Where was the test performed? \_\_\_\_\_

Name: \_\_\_\_\_

Check one:  Student  Employee

myCommNet ID: (ex: @00815719) \_\_\_\_\_

College email address: \_\_\_\_\_

Phone number: \_\_\_\_\_

What date was the test performed? \_\_\_\_\_

What date did you receive the test result? \_\_\_\_\_

What date did you begin to experience symptoms? \_\_\_\_\_

What date were you on our Hartford campus? \_\_\_\_\_

Which building(s) and room(s) were you in? \_\_\_\_\_

Were you in close contact (within 6 feet or closer, for more than 15 minutes) with anyone at CCC during this time?  Yes  No