



## COVID-19 Case Notification Form

Required Fields marked with an asterisk (\*)

Who is making this report: \_\_\_\_\_ Title: \_\_\_\_\_

Parish making report\* \_\_\_\_\_

Date report is being submitted: \_\_\_\_\_

Is this an update to a previous submission\*                      YES                      NO

### Information on Individual Affected by COVID-19\*

A laboratory confirmed case of COVID-19: Person who received an inconclusive or positive test result for COVID-19

A suspected case of COVID-19: Person who has symptoms and may have COVID-19 but has not been tested or has test results that are pending

A direct contact: Person who has spent greater than 15 minutes within 6 feet of someone who received a positive test result for COVID-19 OR a person who has been notified by the Department of Health they are a direct contact

Date of Symptom Onset\* \_\_\_\_\_

Full Name\* \_\_\_\_\_ Age\* \_\_\_\_\_ Grade\* \_\_\_\_\_

County of Residency\* \_\_\_\_\_ Parish: \_\_\_\_\_

Role in CYC\*                      Athlete                      Coach                      Volunteer                      Staff

Parent or Legal Guardian\* \_\_\_\_\_

Phone Number\* \_\_\_\_\_ Email: \_\_\_\_\_

### CYC Sport(s) individual affected by COVID-19 currently participates in:

Mark all that apply

Baseball      Basketball      Chess      Golf      Lacrosse      Softball      Soccer      Track      Volleyball

Sport: \_\_\_\_\_ Grade: \_\_\_\_\_ Coach: \_\_\_\_\_ Coach email: \_\_\_\_\_

Date of Last Practice: \_\_\_\_\_ Location: \_\_\_\_\_

Date of Last Game: \_\_\_\_\_ Location: \_\_\_\_\_ Opponent: \_\_\_\_\_

Sport: \_\_\_\_\_ Grade: \_\_\_\_\_ Coach: \_\_\_\_\_ Coach email: \_\_\_\_\_

Date of Last Practice: \_\_\_\_\_ Location: \_\_\_\_\_

Last Game: \_\_\_\_\_ Location: \_\_\_\_\_ Opponent: \_\_\_\_\_

Sport: \_\_\_\_\_ Grade: \_\_\_\_\_ Coach: \_\_\_\_\_ Coach email: \_\_\_\_\_

Date of Last Practice: \_\_\_\_\_ Location: \_\_\_\_\_

Date of Last Game: \_\_\_\_\_ Location: \_\_\_\_\_ Opponent: \_\_\_\_\_



**CYC Sport(s) siblings or Parents/Legal Guardian affect by COVID-19 currently participates in:**

Mark all that Apply

Baseball      Basketball      Chess      Golf      Lacrosse      Softball      Soccer      Track      Volleyball

Sport: \_\_\_\_\_ Grade: \_\_\_\_\_ Coach: \_\_\_\_\_ Coach email: \_\_\_\_\_

Date of Last Practice: \_\_\_\_\_ Location: \_\_\_\_\_

Date of Last Game: \_\_\_\_\_ Location: \_\_\_\_\_ Opponent: \_\_\_\_\_

Sport: \_\_\_\_\_ Grade: \_\_\_\_\_ Coach: \_\_\_\_\_ Coach email: \_\_\_\_\_

Date of Last Practice: \_\_\_\_\_ Location: \_\_\_\_\_

Date of Last Game: \_\_\_\_\_ Location: \_\_\_\_\_ Opponent: \_\_\_\_\_

Sport: \_\_\_\_\_ Grade: \_\_\_\_\_ Coach: \_\_\_\_\_ Coach email: \_\_\_\_\_

Date of Last Practice: \_\_\_\_\_ Location: \_\_\_\_\_

Date of Last Game: \_\_\_\_\_ Location: \_\_\_\_\_ Opponent: \_\_\_\_\_

**Comments:**

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- This form and the below attachments should be forwarded via email as soon as possible to everyone listed in the below.
  - For consistency, the CYC Office will work with the District/Parish to draft and direct all communications to the teams.
  - As you may not receive an immediate or timely response from your local health department, the CYC Office may provide an intermittent step until guidance from the health department is received.

**Attachments**

Roster(s)

Contact Tracing Logs

**Notifications MUST be made to the following:**

Local Health Department

Parish Pastor

Parish School Principal

District Designate

CYC Office: [Danfitzgerald@archstl.org](mailto:Danfitzgerald@archstl.org) and [Laurabailey@archstl.org](mailto:Laurabailey@archstl.org)

**Helpful contacts**

St. Louis County 314-615-2660 [school-covid@stlouisco.com](mailto:school-covid@stlouisco.com)

St. Charles County 636-949-1899

Jefferson County 636-797-3737

Franklin, Warren, Lincoln Counties contact the State of Missouri Health & Senior Services

Missouri Health and Senior Services 877-435-8411

Mercy Hospital COVID hotline 314-251-0500