

## Case Interview Script for LEAs

We are sorry to hear that you have/your student has become ill. We want to do our part to make sure everyone at school remains healthy. Would it be ok if I asked you a few questions about your/your student's illness?

Case Last Name: \_\_\_\_\_ Case First Name: \_\_\_\_\_

Interview Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

When did you/your student first begin to have symptoms? \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you know where you/your student may have become infected with the virus? \_\_\_\_\_

What was the date of your/your student's test for COVID-19? \_\_\_\_/\_\_\_\_/\_\_\_\_

If still waiting on a result, where and when were you/was your student tested? \_\_\_\_/\_\_\_\_/\_\_\_\_

When was the last time you were/your student was present in the school or present at a school-related activity? \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you know the names of other people you/your child would have been in close contact with (within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period) from 48 hours prior to the onset of symptoms (or positive test, if asymptomatic) until the last time at school?

	<b>Notified?</b>
• _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
• _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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• _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Do you have other students who live with you who have symptoms of COVID-19? ☐ Yes ☐ No ☐ Unknown

If so, what school(s) do they attend? \_\_\_\_\_

Have they been tested for COVID-19? ☐ Yes ☐ No ☐ Unknown

Has anyone else in your household tested positive for COVID-19 in the past two weeks? ☐ Yes ☐ No ☐ Unknown

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As you may already be aware, individuals testing positive for COVID-19 must remain isolated at home for 10 days AND have resolution of fever (without fever-reducing medications) and improvement in symptoms for at least 24 hours before they can be released from isolation.

You/Your student must remain at home and may not return to school until the 10 day period has expired (at minimum) AND fever has resolved and symptoms have been improving for at least 24 hours. Your/Your student may not return to school until after [date of symptom onset or positive test (if asymptomatic) plus 10 days \_\_\_\_/\_\_\_\_/\_\_\_\_].

Your/Your student's close contacts must be quarantined at home. TDH and CDC recommend a 14-day quarantine. Acceptable alternatives to a 14-day quarantine include: (1) After Day 10 (returning to regular activities on Day 11) without testing if the contact does not have symptoms. (2) After Day 7 (returning to regular activities on Day 8) if the contact does not have symptoms and if they test negative by a PCR or antigen test collected after day 5.

Those living in the same household with you/your student must remain in quarantine until you/your student has resolution of their symptoms PLUS the quarantine period above.

We appreciate any assistance you might provide in helping to notify your/your student's close contacts of these guidelines. We are happy to answer any questions you might have. We may need to direct you to your personal physician or the local health department for the answers to some health-related questions.