PROGRAM COVID-19 Case Infectious Period Calculation Tool for Attendee & Staff Confirmed Cases

COVID CASE (Attendee/Staff Name):							
Address: Guardian Na	me (& Phone if o	fferent):					
Last Date in Program:// Case May Return to Program Beginning Date (Day 11)://	(use tool	below i	need	ed)		
Current Status ☐ Has tested positive for COVID-19 Date Test Taken:// Program Notification Date:// Program Notified By:	Exposure Outcome: ☐ No Program Exposures ☐ Yes Program Contacts Identified ☐ Notification Sent to Exposed Attendees and Staff						
Case (Attendee or Staff) Ask the reporting Case/Guardian if the confirm very important to ask for the date the symptoconfirmed case can return to the program AS № No Symptoms Reported (Use test date as D Yes Symptomatic Symptom Onset Date: Infectious Period Estimation Tool: Use this take exit isolation and return to the Program (Day 1: ✓ Symptomatic Cases: The infectious period be	was began. These well AS if the case of th	e two questionse was at the PORTANT 0) * VERY IMIC case's infection or e symptom or example.	program PORTAN us period	elp det while T d and v	ermii infec vhen days a	they can	the likely
day of symptom onset as Day 0. (Symptoms in hours prior to exiting isolation.) Asymptomatic Cases: The infectious period is after, with the day of specimen collection as Infectious Example: Infectious Onset or	begins two days b	fore positive te				ugh 10 da	
Period start Test Date Day -2 Day -1 Day 0 Day 1 Day 2	Day 3 Day 4 Day	5 Day 6 Day	7 Day 8	Day 9	Day Day		ivities ly 11
10/13 10/14 10/15 10/16 10/17	10/18 10/19 10/	0 10/21 10/2	2 10/23	10/24	10/	25 10	0/26
Infectious Period start Onset or Test Date						Last Day	Return t
	Day 3 Day 4 D	y 5 Day 6 D	ay 7 Da	ay 8 [Day 9	Day 10	Day 1:
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