



Department of Public Health

COVID-19
School District Report Form

MAYOR

Dee Margo

CITY COUNCIL

District 1

Peter Svarzbein

District 2

Alexsandra Annello

District 3

Cassandra Hernandez

District 4

Dr. Sam Morgan

District 5

Isabel Salcido

District 6

Claudia L. Rodriguez

District 7

Henry Rivera

District 8

Cissy Lizarraga

CITY MANAGER

Tommy Gonzalez

Submitted by: _____ Today's Date _____

District Nurse Name: _____ Phone Number: _____

School Nurse Name: _____ Phone Number: _____

School District: _____

School Name: _____

Student Employee

Name (Last, First, Middle Initial): _____

DOB (mo/da/yr): _____ Sex F M Grade: _____

Race: White Black Asian Other: _____ Hispanic: Yes No

Home Address _____ City: _____ Zip Code: _____

Parent(s) / Guardian Name(s): _____

Phone Number(s): _____ Phone Number: _____

Sports: _____

Athletic Director Name: _____ Cell- _____

Lab Report received: Yes No Onset Date of Symptoms:

Notes: _____ High-Risk List received Yes No

Send Reports to:

Fax: (915) 212-0170

Telephone: (915) 212-2165

Email: Schools_Inquiries@elpasotexas.gov

Angela Mora- Acting Director

Department of Public Health | 5115 El Paso Drive | El Paso, TX 79905

O: (915) 212-0200 | Email: Angela.Mora@elpasotexas.gov





**City of El Paso Department of Public Health
Epidemiology Program
Contact Tracing Form**

Confirmed Case Name: _____ Student ID: _____ DOB: _____ Grade: _____
 Parent Guardian: _____ Contact #: _____
 School District: _____ School Name: _____
 Mode of Transportation: Personal Vehicle Walks Ride: _____ Bus/Number: _____

Contacts at Risk: (High Risk = Less than 6 ft for more than 15 minutes) (Low Risk = Less than 6 ft for less than 15 min)

Name:	Date of Exposure	DOB Mo/Da/Yr	Risk Level	Phone Number	*For DPH use ONLY		
					Symptomatic	PUI #	Quarantine

Notes: _____

Submitted By: _____ Staff Employee Date: _____