



Diocese of Las Vegas

**Report for employees/volunteers/students
presenting Covid19 symptoms during faith
formation classes or youth group meetings.**

Name: _____

Date: _____ Parish: _____

___ Employee ___ Volunteer ___ Student ___ Catechist

Symptoms noticed:

- Cough
- Shortness of breath or difficulty breathing
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- Loss of taste or smell
- New confusion
- Inability to wake or stay awake
- Bluish lips or face
- Feeling feverish or a measured temperature greater than 100.4 degrees
- Known close contact with a person who is lab confirmed to have COVID-19

Additional notes: _____

Time of fever or onset of symptoms: _____ Time of isolation: _____

Where patient is being referred: _____

Reporter name/title: _____