

# COVID-19 REPORT FORM

and

## Protocol in the Event of a Confirmed Case of COVID-19

If you receive news of a ***confirmed*** COVID-19 case in your parish or school or cemetery community, the pastor, president and/or principal, or manager must follow this protocol:

1. Fill out this Report Form and Email it to:
  - Marina Macchiagodena ([Mamacchiagodena@la-archdiocese.org](mailto:Mamacchiagodena@la-archdiocese.org))
  - Isaac Cuevas ([ICuevas@la-archdiocese.org](mailto:ICuevas@la-archdiocese.org))
2. CC your Regional Deacon and if it involves a school matter, CC your Assistant Superintendent and Deputy Superintendent on the email.
3. Marina & Isaac will reach out to you to set up a conference call to offer guidance, obtain details, and draft an appropriate notice/letter to the impacted community, if appropriate. In cooperation with community health protocols, information collected may be shared with appropriate county agencies as needed.

### PLEASE FILL OUT THE REMAINDER OF THIS FORM

**Today's Date:** \_\_\_\_\_

**Name of Parish, School or Cemetery:** \_\_\_\_\_

**Address of Parish, School or Cemetery:** \_\_\_\_\_

**Name and Position of Person Preparing Form:** \_\_\_\_\_

**Cell Phone Number:** \_\_\_\_\_

**Person Reporting Positive Diagnosis:** \_\_\_\_\_

**Cell Phone Number of Person Reporting Positive Diagnosis:** \_\_\_\_\_

**Is the Person Reporting the Positive Diagnosis the Infected Person?** \_\_\_\_ yes \_\_\_\_ no

**Name and Relationship of Infected Person to the Parish/School/Cemetery (for example, an employee, parishioner, volunteer, clergy, patron, parent, student):**

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



**Did the Infected Person Have Symptoms:** \_\_\_\_ yes \_\_\_\_ no

**Date Symptoms Started:** \_\_\_\_\_

**Date of COVID Test:** \_\_\_\_\_ **Date of Test Results:** \_\_\_\_\_

**If Asymptomatic, State Reason for Test:**  
\_\_\_\_\_

**Was the Infected Person at Parish/School/Cemetery:** \_\_\_\_ yes \_\_\_\_ no

**If so, When Was the Last Time the Infected Person Was at the Parish/School/Cemetery?**  
\_\_\_\_\_

**Do you have Written Permission to Identify Infected Person:** \_\_\_\_ yes \_\_\_\_ no

**If Other People at the Parish, School, or Cemetery Were in “Close Contact” With the Infected Person, They May Have Been Exposed to the Virus. “Close contact” means:**

- a. An individual who was within 6 feet of the infected person for more than 15 minutes
- b. An individual who had unprotected contact with the infected person’s body fluids and/or secretions, for example, being coughed or sneezed on, sharing utensils or saliva, or providing care without wearing appropriate protective equipment.

**Please List Others at Parish/School/Cemetery Who May Have Been Exposed:**  
\_\_\_\_\_  
\_\_\_\_\_

**Other Pertinent Information:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**When Complete, Please Email to:**

- Your Regional Deacon
- Marina Macchiagodena, Legal Consultant: [mamacchiagodena@la-archdiocese.org](mailto:mamacchiagodena@la-archdiocese.org)
- Isaac Cuevas, Director of Immigration & Public Affairs: [icuevas@la-archdiocese.org](mailto:icuevas@la-archdiocese.org)

