KIDZONE FAMILY DAY CARE COVID19 POSITIVE RESULT RECORD FORM

NAME OF THE EDUCATOR	
DATE NOTIFIED TO THE SERVICE	
INCIDENT REPORTED TO NQAITS	
NAME OF THE CHILD INFECTED	
NAME OF THE PARENT INFECTED	
DATE OF INFECTION	
DATE PCR COMPLETED	
POSITIVE RESULT DATE	
ISOLATION PERIOD RANGE 7DAYS	FROM DATE: TO DATE:
6TH DAY RESULT PCR/RAT	NEGATIVE OR POSITIVE
CLEARANCE FROM PHU	
DOES THE PERSON HAVE ANY SYMPTOMS?	
ANY OTHER HOUSEHOLD CONTACT ARE POSITIVE?	
HOUSE SANITISED?	
RETURN TO WORK/CARE CLEARANCE COMPLETED	
RESULT ATTACHED TO THE FORM FOR ALL FAMILY MEMBERS?	YES/NO

RECORDED BY:_____ SIGNATURE:_____