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| **COVID-19 Minimum data-set for Settings****Name of Person Completing the Form:** **Date:**  |
| 1. Name and postcode of setting
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| 1. Local Authority area of setting
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| 1. Name/Date of Birth/Postcode of case
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| 1. Date of onset of symptoms or date of test if asymptomatic
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| 1. Was case in the setting while infectious?
 | YES/NO |
| 1. Number of close contacts identified and advised to exclude

a: staffb: children | Staff:Children: |
| 1. Are all close contacts in the same “bubble”?
 | YES/NO |
| 1. If no, number of bubbles affected
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| 1. Total number of children in the setting
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| 1. Total number of confirmed cases in setting
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| 1. Any other information
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