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| **COVID-19 Minimum data-set for Settings**  **Name of Person Completing the Form:**  **Date:** | |
| 1. Name and postcode of setting |  |
| 1. Local Authority area of setting |  |
| 1. Name/Date of Birth/Postcode of case |  |
| 1. Date of onset of symptoms or date of test if asymptomatic |  |
| 1. Was case in the setting while infectious? | YES/NO |
| 1. Number of close contacts identified and advised to exclude   a: staff  b: children | Staff:  Children: |
| 1. Are all close contacts in the same “bubble”? | YES/NO |
| 1. If no, number of bubbles affected |  |
| 1. Total number of children in the setting |  |
| 1. Total number of confirmed cases in setting |  |
| 1. Any other information |  |