

Cogswell University of Silicon Valley is asking faculty, staff, and students to utilize this form to voluntarily disclose if they are in self-quarantine or self-isolation. The information will be kept confidential in accordance with HIPAA and FERPA, and will be used to assist the university in tracking employees' use of sick leave, to help understand the impact to the Cogswell community, and to aid the Santa Clara Health Department in their contact investigations when new COVID-19 cases are identified. For employees, voluntary disclosure will have no implications on their job status.

**I am in self-quarantine because (check one):**

- I have been diagnosed by a health care provider with a positive COVID-19 test.
- I have been diagnosed by a health care provider with COVID-19 WITHOUT a positive test, but based on my symptoms.
- I have NOT been diagnosed by a health care provider with COVID-19, but I do have symptoms of the disease.
- I have NOT been diagnosed by a health care provider with COVID-19, but have been exposed to someone who does have a positive COVID-19 test; however, I am NOT symptomatic.
- I am quarantining for these other reasons: \_\_\_\_\_.

**Name (no nicknames) \***

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First

Last

**Contact Information \***

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Email Address

Cell Phone Number

**Quarantine Information \***

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First Day of Quarantine

Date Last Time on Campus

**Symptoms and Testing Information \***

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Date of Onset of Symptoms

Date of Testing

Location of Testing Site (City/State)

**CUSV Affiliation \***

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Faculty, Staff, or Student

Department

Supervisor or Instructor's Name

**Location Information \***

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Current Location (City/State)

Living in Cogswell housing?

Cogswell Housing Address

**Signature and Form Submission \***

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Signature

Date