**Self-Reporting Your Positive Case of COVID-19**

Please fill out this form only if you have received a positive result for COVID-19 and were tested off-campus.

You do not need to fill out this form if you were tested on-campus as your case information has already been reported internally by the College

**COVID-19 Self Reporting**

First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth (mm/dd/yyyy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Phone (xxx-xxx-xxxx)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Affiliation**

• Student

• Staff/Administrator

• Faculty

• Other

Are you a Miles College Athlete?

• Yes

• No

Date you were tested for COVID-19 (mm/dd/yyyy)\_\_\_\_\_\_\_\_\_\_\_\_\_

Date you received positive results that you have COVID-19 (mm/dd/yyyy)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where were you tested for COVID-19?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If available, please upload the test results here. [Covid -19 Test Results](https://www.miles.edu/covid-19-vaccination-cards-form)

Drop files or click here to upload

Are you experiencing symptoms of COVID-19?

• Yes

• No

If you are experiencing symptoms of COVID-19, when did the symptoms start? (mm/dd/yyyy) \_\_\_\_\_\_\_\_\_\_

Date you were last on campus? (mm/dd/yyyy)\_\_\_\_\_\_\_\_\_\_

**Reminder, ONLY SUBMIT THIS FORM IF BOTH OF THE FOLLOWING APPLY TO YOU:**

**• You have received a positive result that you have COVID-19.**

**• You were tested off-campus.**