



# Department of Public Health

COVID-19  
School District Report Form

**MAYOR**

Dee Margo

**CITY COUNCIL**

**District 1**

Peter Svarzbein

**District 2**

Alexandra Annello

**District 3**

Cassandra Hernandez

**District 4**

Dr. Sam Morgan

**District 5**

Isabel Salcido

**District 6**

Claudia L. Rodriguez

**District 7**

Henry Rivera

**District 8**

Cissy Lizarraga

**CITY MANAGER**

Tommy Gonzalez

Submitted by: \_\_\_\_\_ Today's Date \_\_\_\_\_

District Nurse Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

School Nurse Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

School District: \_\_\_\_\_

School Name: \_\_\_\_\_

Student      Employee

Name (Last, First, Middle Initial): \_\_\_\_\_

DOB (mo/da/yr): \_\_\_\_\_ Sex  F  M Grade: \_\_\_\_\_

Race:  White  Black  Asian  Other: \_\_\_\_\_ Hispanic:  Yes  No

Home Address \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent(s) / Guardian Name(s): \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Sports: \_\_\_\_\_

Athletic Director Name: \_\_\_\_\_ Cell- \_\_\_\_\_

Lab Report received:      Yes      No      Onset Date of Symptoms:

Notes:      High-Risk List received      Yes      No

Send Reports to:

Fax: (915) 212-0170

Telephone: (915) 212-2165

Email: Schools\_Inquiries@elpasotexas.gov

**Angela Mora- Acting Director**

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