

7/30/20

## **Contact Tracing Form**

Employee Name:

Department Name:

Positive Result Date:

Test Collection Date:

First Signs/Symptoms Date:

Last shift worked:

Has colleague had any close contact/exposure to a COVID-19 + person?

If colleague worked during infectious window (48 hours prior to signs/symptoms) Ask:

- Did you have any close contact with others where PPE wasn't worn (no masks)?
  - More than 15 minutes within 6 feet of coworkers?
    - Think shift report/eating/drinking coffee/smoke breaks etc...
  - Think of all the places you have travelled/worked/etc.

Notes: