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| **I. Interview Information**  **Date of interview**: MM / DD /YYYY  Contact Tracer Name: Last: First:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Interviewee Name: Last:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Who is providing information for this form? (**select one**)   * DHS COVID-19 Positive Individual   Do you have symptom(s)? Yes \_\_\_\_No\_\_\_\_  Do you telework fulltime? Yes \_\_\_\_No\_\_\_\_  If Yes, were you physically present at a DHS worksite 48 hours before symptom(s) onset through the last date you worked? (Symptomatic individuals) Yes\_\_\_\_ No\_\_\_\_  If No, were you at a DHS worksite 2 days prior to a positive specimen collection or until the time you were isolated?  (Asymptomatic individuals) Yes \_\_\_\_ No\_\_\_\_  If Yes, to either question, proceed with the interview and data collection. If No, data collection is not necessary.   * DHS Exposed Individual * Other, specify person Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First:   If other, what is the relationship to the COVID-19 positive or exposed individual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    **DHS COVID-19 Positive Individual or Exposed Individual Information**:  Worksite address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_  City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Personal phone number: (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( ­\_\_Mobile or \_\_\_Home)  Work phone number: (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Work email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Where is your primary site of work [e.g., department, floor, desk location]? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Supervisor Name: Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Supervisor’s Phone Number: Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **II. DHS COVID-19 Positive Individual’s Work Activity** | | | |
| **Please list all work activities, floors visited, meetings attended (including lunches, etc.) that you participated in starting 48 hours before the illness onset. (Symptomatic individuals)**  **FROM: MM / DD / YYYY** **THROUGH: The last date worked at a DHS worksite: MM / DD / YYYY**  **OR**  **Please list all work activities, floors visited, meetings attended (including lunches, etc.) that you participated in starting 2 days prior to a positive specimen collection or until the time you were isolated. (Asymptomatic individuals)**  **FROM: MM / DD / YYYY** **THROUGH: The last date worked at a DHS worksite: MM / DD / YYYY**    ***This may not be all 14 days*.**  **If the COVID-19 positive individual indicates visiting meeting rooms, ask them to identify where they sat in the meeting room. Use that information to inform whether others in meeting room were in 6 ft range for at least 15 minutes.**  **(See the description of close contact[[1]](#footnote-2) in the work place, in the footnote below).** | | | |
|  | **Notes** |
| Date of symptom onset:  MM / DD / YYYY |  |
|  | **Locations/Notes** |  | **Locations/Notes** |
| 1 day before symptom onset MM / DD / YYYY |  | 2 day before symptom onset  MM / DD / YYYY |  |
| 1 day after symptom onset MM / DD / YYYY |  | 2 days after symptom onset  MM / DD / YYYY |  |
| 3 days after symptom onset MM / DD / YYYY |  | 4 days after symptom onset  MM / DD / YYYY |  |
| 5 days after symptom onset MM / DD / YYYY |  | 6 days after symptom onset MM / DD / YYYY |  |
| 7 days after symptom onset MM / DD / YYYY |  | 8 days after symptom onset MM / DD / YYYY |  |
| 9 days after symptom onset MM / DD / YYYY |  | 10 days after symptom onset MM / DD / YYYY |  |

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| 11 days after symptom onset MM / DD / YYYY |  | 12 days after symptom onset MM / DD / YYYY |  |
| 13 days after symptom onset MM / DD / YYYY |  | 14 days after symptom onset MM / DD / YYYY |  |

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|  | **III. Exposed Individual(s)** | | | | |
| **Please complete the table below for all close contact exposures to a DHS COVID-19 positive individual which occurred**   1. **48 hours from the date of illness onset through the last date worked at a DHS worksite (symptomatic individuals)*OR*** 2. **2 days prior to a positive specimen collection or until the date the COVID-19 positive individual was isolated (asymptomatic individuals)** | | | | | |
|  | Name  (First and Last) | Location of Exposed Individuals  (e.g., department, floor, desk location) | Phone Number  (mobile or home)  and  Work Email | Date of last exposure to the DHS COVID-19 Positive Individual  MM/DD/YYYY |  |
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Add additional rows as needed

1. **Close contact exposure in the work place**- 15 minutes within 6ft; 10-29 minutes of very close contact e.g., (1) Intimate contact (such as eating together); (2) Huddle meeting in a small room (3) Sharing of a laptop (4) One-on-one or group conversation in very close quarters or small room; **Less than 10 minutes**- Not a close contact [↑](#footnote-ref-2)