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)? YesNo | |
| Do you telework fulltime? YesNo | |
| If Yes, were you physically present at a DHS works worked? (Symptomatic individuals) Yes No | ite 48 hours before symptom(s) onset through the last date you |
| 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 posit | ve or exposed individual: |
| DHS COVID-19 Positive Individual or Exposed Individual | Information: |

| Worksite address: | | |
|-----------------------------|--------|-----------------|
| City: | State: | Zip code: |
| Personal phone number: () _ | | (Mobile orHome) |
| Work phone number: () | | |

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| Work email address: Where is your primary site of work [6 | e.g., department, f | loor, desk location]? | |
|--|---------------------|-----------------------|--|
| Supervisor Name: Last: Supervisor's Phone Number: | Email: | First: | |
| | | | |

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| П. | 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 contact¹ in the work place, in the footnote below).

| | Notes | |
|--|-----------------|-----------------|
| Date of symptom onset: MM / DD / YYYY | | |
| | Locations/Notes | Locations/Notes |

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

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| 1 day before symptom onset | 2 day before symptom onset |
|--|-----------------------------|
| MM / DD / YYYY | MM / DD / YYYY |
| 1 day after symptom onset MM / DD / YYYY | 2 days after symptom onset |
| 3 days after symptom onset MM / DD / YYYY | 4 days after symptom onset |
| 5 days after symptom onset MM / DD / YYYY | 6 days after symptom onset |
| 7 days after symptom onset | 8 days after symptom onset |
| MM / DD / YYYY | MM / DD / YYYY |
| 9 days after symptom onset | 10 days after symptom onset |
| MM / DD / YYYY | MM / DD / YYYY |

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

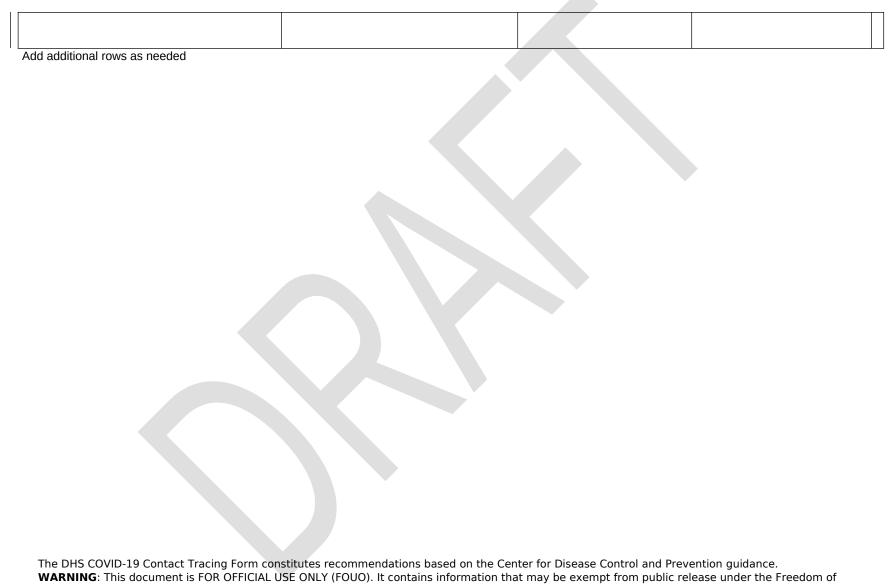
48 hours from the date of illness onset through the last date worked at a DHS worksite (symptomatic individuals)OR
2 days prior to a positive specimen collection or until the date the COVID-19 positive individual was isolated

(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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