

COVID-19 Contact Tracing Form

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: (____) _____

The DHS COVID-19 Contact Tracing Form constitutes recommendations based on the Center for Disease Control and Prevention guidance.

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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 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 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

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