

CAMPUS LEVEL CONTACT -TRACING FORM (Revised 05/2022)

1. Date _____ Campus _____

2. Name _____ DOB _____
 Student Employee Visitor

3. **Employee Position:** _____

4. Home Address: _____

5. Contact Phone # _____ Email _____

6. **Provide exact on-site location/s (building(s)/room#)** _____

7. If Student, currently enrolled semester _____ 20 _____ Remote Essential on Campus
AND

8. If Visitor, name of company and purpose _____

9. Nature of self-report: POSITIVE Onsite POSITIVE Offsite

10. Has individual tested for COVID-19?
 YES Test Date: _____ NO If NO, when is test date scheduled: _____

11. COVID-19 test results: Positive* [result date _____] Negative [result date _____]

12. List Symptoms AND Start Date of Symptoms _____

13. Date self-isolation began _____

14. Last day on campus _____ If person was not on campus, please stop here.

15. PPE worn on campus: _____

16. Was there "close contact**" with anyone on campus Yes No

17. Who and where did individual come in "close contact*" with while on campus?

*If reporting a positive case for employee on campus, include copy of test.

**Close contact is "shared airspace" OR "less than 6 feet" for more than 15 minutes over a 24-hour period.

18. ADDITIONAL NOTES:

