

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: _____

Please email form to the President's Office at presidentsoffice@elac.edu.

For questions or concerns please contact Cathy Medina at medinamc@elac.edu or 323-265-8662.