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

1. Date_____ Campus _____

    SID/
2. Name_____ Employee #_____

    ☐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: