

## Contact Tracing in the Workplace Form

In light of your COVID-19 diagnosis or positive test on requests you disclose where you have worked or conducted business and with whom you had close contact so we can advise staff members and other work-related individuals of their potential exposure to the virus. **They will only be provided with general information and you will remain anonymous.**

***Please provide information for the 14 days prior to your diagnosis/positive test.***

Regular work location:

Provide the date for each day you worked there (starting with the date 14 days prior to your diagnosis/positive test):

Sunday _____	Sunday _____	Sunday _____
Monday _____	Monday _____	Monday _____
Tuesday _____	Tuesday _____	Tuesday _____
Wednesday _____	Wednesday _____	Wednesday _____
Thursday _____	Thursday _____	Thursday _____
Friday _____	Friday _____	Friday _____
Saturday _____	Saturday _____	Saturday _____

Identify any employees or other individuals with whom you had close contact (i.e., you were within six feet for a cumulative total of 15 minutes or more over a 24-hour period):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Have you visited any other  
diagnosis/positive test?

facility in the 14 days prior to your

- Yes
- No

\*Continued on next page\*

If yes, list the other location(s), date(s) of your visit and any employees or other individuals you had close contact with:

Location:	Date:	Name:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you traveled to non-\_\_\_\_\_ locations for business purposes in the 14 days prior to your diagnosis/positive test?

- Yes
- No

If yes, list the company name, location, date(s) of your visit and any individuals with whom you had close contact:

Company/Location:	Date:	Name:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify the above statements are true and correct.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_