Patient Tracing Assistance Form

Instructions:

- Complete this form **only** if you get a positive COVID-19 test result.
- Think back to 48 hours before your symptoms developed or you received your positive COVID-19 test results (whichever came first).
- Fill out the information below for people that live in your household and any other close contact(s). A close contact is someone who was within 6 feet of you for 15 minutes or more.
- Refer your household and close contact(s) for COVID-19 testing with their medical provider.
- A healthcare professional will be contacting you in the future to review the information on this form with you and answer your questions.

Contact 1:

Last Name, First Name:	Date of Birth *or* Age:	Gender:	Phone Number:
City of Residency:	Relationship to you:	Occupation:	Date you last saw Contact 1:
Are you aware if Contact 1 is sick? If yes, since when? Do they have a positive COVID test?			

Contact 2:

Last Name, First Name:	Date of Birth *or* Age:	Gender:	Phone Number:
City of Residency:	Relationship to you:	Occupation:	Date you last saw Contact 2:
Are you aware if Contact 2 is sick? If yes, since when? Do they have a positive COVID test?			

Contact 3:

Last Name, First Name:	Date of Birth *or* Age:	Gender:	Phone Number:
City of Residency:	Relationship to you:	Occupation:	Date you last saw Contact 3:
Are you aware if Contact 3 is sick? If yes, since when? Do they have a positive COVID test?			

Contact 4:

Last Name, First Name:	Date of Birth *or* Age:	Gender:	Phone Number:
City of Residency:	Relationship to you:	Occupation:	Date you last saw Contact 4:
Are you aware if Contact 4 is sick? If yes, since when? Do they have a positive COVID test?			

Contact 5:

Last Name, First Name:	Date of Birth *or* Age:	Gender:	Phone Number:
City of Residency:	Relationship to you:	Occupation:	Date you last saw Contact 5:
Are you aware if Contact 5 is sick? If yes, since when? Do they have a positive COVID test?			

Contact 6:

Last Name, First Name:	Date of Birth *or* Age:	Gender:	Phone Number:
City of Residency:	Relationship to you:	Occupation:	Date you last saw Contact 6:
Are you aware if Contact 6 is sick? If yes, since when? Do they have a positive COVID test?			

Contact 7:

Last Name, First Name:	Date of Birth *or* Age:	Gender:	Phone Number:
City of Residency:	Relationship to you:	Occupation:	Date you last saw Contact 7:
Are you aware if Contact 7 is sick? If yes, since when? Do they have a positive COVID test?			