

CONTACT TRACING QUESTIONS

Employee NAME:

Employee ADDRESS:

Phone Number:

Date of Birth:

Department:

Position Title:

1. When did you first develop symptoms?
2. What symptoms did you develop?
3. Where were you when you developed symptoms?
4. Were you wearing a mask when symptoms developed? If so, what type?
5. Who (specific names) were you in close contact with (6 feet or less) for 15 minutes or longer for up to 48 hours prior to first onset of symptoms?
 - 1.
 - 2.
 - 3.
 - 4.
5. Are any of these contacts County employees? If so, who and for which Department do they work?
6. **** Director- provide first and last names and contact phone numbers for any identified contacts here please** Employee was off on normal work days off 48 hrs. Prior to symptoms.**
 - 1.
 - 2.
 - 3.
 - 4.
7. What county offices and/or vehicles did you occupy up to 48 hours prior to first onset of symptoms?
8. Did you get PCR (swab) tested for COVID-19? If so, when?
9. Did you receive a positive test result?
10. If so, from what hospital, Doctor or County Point of Testing?

Have you had symptoms since receiving your test results?

11. Were you contacted by DOH for contact tracing or given any specific instructions by a medical professional or DOH contact tracer?
12. Have you been given any specific instructions by DOH or other medical professional regarding returning to work?