

## CAMPUS LEVEL CONTACT -TRACING FORM (Revised 3/2021)

1. Date \_\_\_\_\_ Campus \_\_\_\_\_
  2. Name \_\_\_\_\_ ID# \_\_\_\_\_  
 Student                       Employee                       Visitor
  3. Employee Position: \_\_\_\_\_
  4. Home Address: \_\_\_\_\_
  5. Contact Phone # \_\_\_\_\_ Email \_\_\_\_\_
  6. If Employee, work location (building(s)/room#) \_\_\_\_\_
  7. If Student, currently enrolled semester \_\_\_\_\_ 20 \_\_\_\_\_ **AND**     Remote     Essential on Campus
  8. If Visitor, name of company and purpose \_\_\_\_\_
  9. Nature of self-report:  POSITIVE     SUSPECTED     EXPOSURE - TO COVID-19
  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, if any \_\_\_\_\_
  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 less than 6 feet for more than 15 minutes over a 24-hour period.
18. ADDITIONAL NOTES:  
\_\_\_\_\_