## **Contact Tracing Tool** for People Being Tested for COVID-19



## Name of Employee: \_

Name of School:

STEP

## Did you request a Covid-19 test due to A) Experiencing Covid-like symptoms B) Close contact with someone who tested positive or is sick C) Both symptoms and contact (*Circle One*)

If you have had symptoms, put the date you first felt sick OR if you have had no symptoms then put your date of testing

SUBTRACT 2 DAYS: \_\_\_\_/\_\_\_\_ = YOUR CONTACT TRACING DATE

STEP 2 Please list the names of any school community members who've tested positive or become ill that you had contact with *prior* to your Contact Tracing Date.

	Name of Person	Date of last contact	Their phone number
1			
2			
3			
4			
5			

STEP 3 Please list the names of any school community members with whom you've had direct contact (less than 6 feet) for more than 15 minutes where neither parties were using masks *after* your Contact Tracing Date.

	Name of Person	Date of last contact	Their phone number
1			
2			
3			
4			
5			

## **USE OF INFORMATION**

This information is for school/diocesan use only. The school/diocese may contact people named in Steps 2 & 3 for the sole purpose of containing the spread of Covid-19. If you do not want your name to be used for contact tracing or school/ diocesan communications to the community, do not sign below. The school/diocese will not share your contact tracing information without your permission. Positive test results are communicated directly from testing centers to the local and state public health authorities. They may conduct their own contact tracing process. The school has no control over local and state public health protocols.

**Optional** Employee Signature. By signing, employee consents to allowing school/diocese to use their name for purposes of contact tracing or communication to the school community.