

Thank you for your purchase from **US** *together.*

This journal was designed with the goal of helping the health departments across our country gather data to slow the transmission of Covid-19.

Contact tracing is a tool that has been used by health departments for years to monitor diseases such as tuberculosis and HIV by being able to quickly identify a persons exposure and then provide information and assistance.

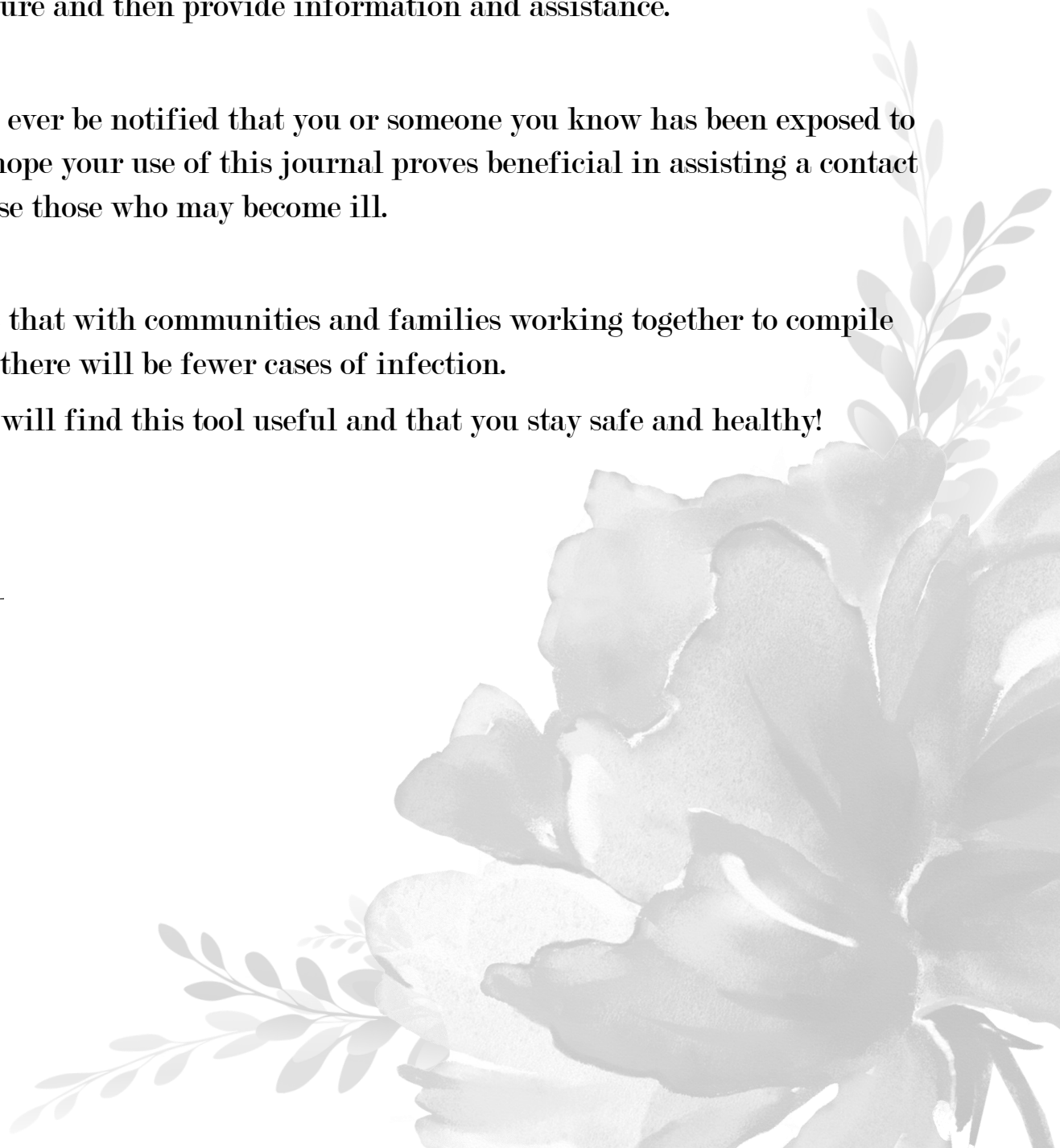
If you should ever be notified that you or someone you know has been exposed to Covid-19 we hope your use of this journal proves beneficial in assisting a contact tracer to advise those who may become ill.

It is our hope that with communities and families working together to compile information, there will be fewer cases of infection.

We hope you will find this tool useful and that you stay safe and healthy!

Sincerely,

US *together.*



How to use your Tracing journal

Calendar Pages:

These pages can be used for your everyday planner in combination with the tracing information.

| | | | |
|---|---|--|--|
| 7 Dr. Lim @ 10:30 Grocery shopping <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 8 <input checked="" type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 9 <input checked="" type="radio"/> Stayed Home <input checked="" type="radio"/> Delivery <input type="radio"/> Symptoms <i>FedEx, Amazon</i> | 10 Example Only <input checked="" type="radio"/> Stayed Home <input type="radio"/> Delivery <input checked="" type="radio"/> Symptoms <i>Headache</i> |
|---|---|--|--|

Tracing Journal Pages:

These pages are used in combination with the calendar pages to add any information regarding exposure to the corona virus such as the person(s) name and contact info and how you were exposed. Any information that would help retrace back to exposure.

| | |
|---|--|
| Date: <u>5-14-19</u> | Time: <u>3:30 pm</u> |
| Activity: <u>Grocery Shopping</u> | Place/Location: <u>Safeway, Enumclaw</u> |
| Did you wear: Gloves <input checked="" type="checkbox"/> | Mask <input checked="" type="checkbox"/> |
| Did others wear: Gloves <input checked="" type="checkbox"/> | Mask <input checked="" type="checkbox"/> |
| Direct contact with: <u>Stock manager brought me out toilet paper from the back, he was not wearing gloves</u> <u>or a mask. His name was Tom.</u> | |
| Notes: _____ | |
| _____ | |
| _____ | |
| Example Only | |

For more information visit:

[Covidactnow.org](https://covidactnow.org)

[Cdc.gov/coronavirus/2019](https://cdc.gov/coronavirus/2019)

To re-order or see other available products visit our website:

UStogether.com

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Emergency Contact Information

Your Name: _____

Phone: _____

Email: _____

Your Physician: _____

Phone: _____

Emergency Contact: _____

Phone: _____

Current Medical Condition(s)



June 2020

| Sunday | Monday | Tuesday | Wednesday |
|---|---|---|---|
| | 1 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 2 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 3 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms |
| 7 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 8 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 9 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 10 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms |
| 14 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 15 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 16 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 17 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms |
| 21 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 22 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 23 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 24 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms |
| 28 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 29 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 30 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | |

| Thursday | Friday | Saturday | Notes |
|--|--|--|---|
| 4 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 5 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 6 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |
| 11 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 12 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 13 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |
| 18 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 19 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 20 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |
| 25 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 26 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 27 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |
| | | | <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |

Tracing Journal

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

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Direct contact with: _____

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Direct contact with: _____

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Date: _____

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Activity: _____ Place/Location: _____

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Direct contact with: _____

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Date: _____

Time: _____

Activity: _____ Place/Location: _____

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Direct contact with: _____

Notes: _____

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Direct contact with: _____

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Tracing Journal

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Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

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Date: _____

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Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

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Date: _____

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Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

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Activity: _____ Place/Location: _____

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Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

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Tracing Journal

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

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Direct contact with: _____

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Direct contact with: _____

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Activity: _____ Place/Location: _____

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Direct contact with: _____

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Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

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Direct contact with: _____

Notes: _____

July 2020

| Sunday | Monday | Tuesday | Wednesday |
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| | | | 1 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms |
| 5 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 6 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 7 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 8 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms |
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| Thursday | Friday | Saturday | Notes |
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| 2 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 3 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 4 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | <hr/> <hr/> <hr/> <hr/> <hr/> |
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| 30 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 31 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | | <hr/> <hr/> <hr/> <hr/> <hr/> |

Tracing Journal

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

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Direct contact with: _____

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Direct contact with: _____

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Direct contact with: _____

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Tracing Journal

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Direct contact with: _____

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Tracing Journal

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Direct contact with: _____

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Direct contact with: _____

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Activity: _____ Place/Location: _____

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Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

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Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

August 2020

| Sunday | Monday | Tuesday | Wednesday |
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| 2 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 3 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 4 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 5 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms |
| 9 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 10 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 11 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 12 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms |
| 16 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 17 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 18 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 19 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms |
| <div> 23 <input type="radio"/> Home <input type="radio"/> Delivery <input type="radio"/> Symptoms </div> <div> <input type="radio"/> Home <input type="radio"/> Delivery <input type="radio"/> Symptoms </div> 30 | <div> 24 <input type="radio"/> Home <input type="radio"/> Delivery <input type="radio"/> Symptoms </div> <div> <input type="radio"/> Home <input type="radio"/> Delivery <input type="radio"/> Symptoms </div> 31 | 25 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 26 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms |

| Thursday | Friday | Saturday | Notes |
|---|---|---|-------------------------------|
| | | 1 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | <hr/> <hr/> <hr/> <hr/> <hr/> |
| 6 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 7 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 8 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | <hr/> <hr/> <hr/> <hr/> <hr/> |
| 13 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 14 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 15 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | <hr/> <hr/> <hr/> <hr/> <hr/> |
| 20 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 21 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 22 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | <hr/> <hr/> <hr/> <hr/> <hr/> |
| 27 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 28 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 29 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | <hr/> <hr/> <hr/> <hr/> <hr/> |

Tracing Journal

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

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Date: _____

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Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

September 2020

| Sunday | Monday | Tuesday | Wednesday |
|--|--|--|--|
| | | 1 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 2 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms |
| 6 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 7 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 8 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 9 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms |
| 13 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 14 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 15 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 16 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms |
| 20 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 21 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 22 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 23 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms |
| 27 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 28 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 29 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 30 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms |

| Thursday | Friday | Saturday | Notes |
|---|---|---|-------------------------------|
| 3 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 4 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 5 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | <hr/> <hr/> <hr/> <hr/> <hr/> |
| 10 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 11 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 12 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | <hr/> <hr/> <hr/> <hr/> <hr/> |
| 17 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 18 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 19 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | <hr/> <hr/> <hr/> <hr/> <hr/> |
| 24 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 25 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 26 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | <hr/> <hr/> <hr/> <hr/> <hr/> |
| | | | <hr/> <hr/> <hr/> <hr/> <hr/> |

Tracing Journal

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Tracing Journal

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Tracing Journal

| | |
|---|----------------------------|
| Date: _____ | Time: _____ |
| Activity: _____ | Place/Location: _____ |
| Did you wear: Gloves <input type="radio"/> | Mask <input type="radio"/> |
| Did others wear: Gloves <input type="radio"/> | Mask <input type="radio"/> |
| Direct contact with: _____ | |
| _____ | |
| _____ | |
| Notes: _____ | |
| _____ | |
| _____ | |

| | |
|---|----------------------------|
| Date: _____ | Time: _____ |
| Activity: _____ | Place/Location: _____ |
| Did you wear: Gloves <input type="radio"/> | Mask <input type="radio"/> |
| Did others wear: Gloves <input type="radio"/> | Mask <input type="radio"/> |
| Direct contact with: _____ | |
| _____ | |
| _____ | |
| Notes: _____ | |
| _____ | |
| _____ | |

| | |
|---|----------------------------|
| Date: _____ | Time: _____ |
| Activity: _____ | Place/Location: _____ |
| Did you wear: Gloves <input type="radio"/> | Mask <input type="radio"/> |
| Did others wear: Gloves <input type="radio"/> | Mask <input type="radio"/> |
| Direct contact with: _____ | |
| _____ | |
| _____ | |
| Notes: _____ | |
| _____ | |
| _____ | |

| | |
|---|----------------------------|
| Date: _____ | Time: _____ |
| Activity: _____ | Place/Location: _____ |
| Did you wear: Gloves <input type="radio"/> | Mask <input type="radio"/> |
| Did others wear: Gloves <input type="radio"/> | Mask <input type="radio"/> |
| Direct contact with: _____ | |
| _____ | |
| _____ | |
| Notes: _____ | |
| _____ | |
| _____ | |

Tracing Journal

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Tracing Journal

| | |
|---|----------------------------|
| Date: _____ | Time: _____ |
| Activity: _____ | Place/Location: _____ |
| Did you wear: Gloves <input type="radio"/> | Mask <input type="radio"/> |
| Did others wear: Gloves <input type="radio"/> | Mask <input type="radio"/> |
| Direct contact with: _____ | |
| _____ | |
| _____ | |
| Notes: _____ | |
| _____ | |
| _____ | |

| | |
|---|----------------------------|
| Date: _____ | Time: _____ |
| Activity: _____ | Place/Location: _____ |
| Did you wear: Gloves <input type="radio"/> | Mask <input type="radio"/> |
| Did others wear: Gloves <input type="radio"/> | Mask <input type="radio"/> |
| Direct contact with: _____ | |
| _____ | |
| _____ | |
| Notes: _____ | |
| _____ | |
| _____ | |

| | |
|---|----------------------------|
| Date: _____ | Time: _____ |
| Activity: _____ | Place/Location: _____ |
| Did you wear: Gloves <input type="radio"/> | Mask <input type="radio"/> |
| Did others wear: Gloves <input type="radio"/> | Mask <input type="radio"/> |
| Direct contact with: _____ | |
| _____ | |
| _____ | |
| Notes: _____ | |
| _____ | |
| _____ | |

| | |
|---|----------------------------|
| Date: _____ | Time: _____ |
| Activity: _____ | Place/Location: _____ |
| Did you wear: Gloves <input type="radio"/> | Mask <input type="radio"/> |
| Did others wear: Gloves <input type="radio"/> | Mask <input type="radio"/> |
| Direct contact with: _____ | |
| _____ | |
| _____ | |
| Notes: _____ | |
| _____ | |
| _____ | |

Tracing Journal

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

October 2020

| Sunday | Monday | Tuesday | Wednesday |
|---|---|---|---|
| | | | |
| 4 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 5 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 6 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 7 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms |
| 11 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 12 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 13 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 14 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms |
| 18 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 19 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 20 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 21 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms |
| 25 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 26 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 27 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 28 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms |

| Thursday | Friday | Saturday | Notes |
|---|---|---|-------------------------------------|
| 1 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 2 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 3 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |
| 8 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 9 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 10 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |
| 15 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 16 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 17 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |
| 22 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 23 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 24 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |
| 29 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 30 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 31 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |

Tracing Journal

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Tracing Journal

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Tracing Journal

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Tracing Journal

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Tracing Journal

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Tracing Journal

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

November 2020

| Sunday | Monday | Tuesday | Wednesday |
|--|--|--|--|
| 1 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 2 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 3 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 4 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms |
| 8 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 9 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 10 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 11 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms |
| 15 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 16 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 17 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 18 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms |
| 22 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 23 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 24 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 25 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms |
| 29 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 30 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | | |

| Thursday | Friday | Saturday | Notes |
|--|--|--|---|
| <div>4</div> <div> <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms </div> | <div>5</div> <div> <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms </div> | <div>6</div> <div> <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms </div> | <div></div> <div></div> <div></div> <div></div> <div></div> |
| <div>11</div> <div> <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms </div> | <div>12</div> <div> <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms </div> | <div>13</div> <div> <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms </div> | <div></div> <div></div> <div></div> <div></div> <div></div> |
| <div>18</div> <div> <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms </div> | <div>19</div> <div> <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms </div> | <div>20</div> <div> <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms </div> | <div></div> <div></div> <div></div> <div></div> <div></div> |
| <div>25</div> <div> <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms </div> | <div>26</div> <div> <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms </div> | <div>27</div> <div> <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms </div> | <div></div> <div></div> <div></div> <div></div> <div></div> |
| | | | <div></div> <div></div> <div></div> <div></div> <div></div> |

Tracing Journal

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Tracing Journal

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Tracing Journal

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Tracing Journal

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Tracing Journal

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Tracing Journal

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

December 2020

| Sunday | Monday | Tuesday | Wednesday |
|--|--|--|--|
| | | 1 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 2 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms |
| 6 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 7 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 8 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 9 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms |
| 13 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 14 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 15 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 16 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms |
| 20 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 21 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 22 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 23 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms |
| 27 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 28 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 29 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 30 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms |

| Thursday | Friday | Saturday | Notes |
|-----------------------------------|-----------------------------------|-----------------------------------|-------|
| 4 | 5 | 6 | |
| <input type="radio"/> Stayed Home | <input type="radio"/> Stayed Home | <input type="radio"/> Stayed Home | |
| <input type="radio"/> Delivery | <input type="radio"/> Delivery | <input type="radio"/> Delivery | |
| <input type="radio"/> Symptoms | <input type="radio"/> Symptoms | <input type="radio"/> Symptoms | |
| 11 | 12 | 13 | |
| <input type="radio"/> Stayed Home | <input type="radio"/> Stayed Home | <input type="radio"/> Stayed Home | |
| <input type="radio"/> Delivery | <input type="radio"/> Delivery | <input type="radio"/> Delivery | |
| <input type="radio"/> Symptoms | <input type="radio"/> Symptoms | <input type="radio"/> Symptoms | |
| 18 | 19 | 20 | |
| <input type="radio"/> Stayed Home | <input type="radio"/> Stayed Home | <input type="radio"/> Stayed Home | |
| <input type="radio"/> Delivery | <input type="radio"/> Delivery | <input type="radio"/> Delivery | |
| <input type="radio"/> Symptoms | <input type="radio"/> Symptoms | <input type="radio"/> Symptoms | |
| 25 | 26 | 27 | |
| <input type="radio"/> Stayed Home | <input type="radio"/> Stayed Home | <input type="radio"/> Stayed Home | |
| <input type="radio"/> Delivery | <input type="radio"/> Delivery | <input type="radio"/> Delivery | |
| <input type="radio"/> Symptoms | <input type="radio"/> Symptoms | <input type="radio"/> Symptoms | |
| 31 | | | |
| <input type="radio"/> Stayed Home | | | |
| <input type="radio"/> Delivery | | | |
| <input type="radio"/> Symptoms | | | |

Tracing Journal

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Tracing Journal

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Tracing Journal

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Tracing Journal

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Tracing Journal

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Tracing Journal

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

January 2021

| Sunday | Monday | Tuesday | Wednesday |
|---|--|--|--|
| | | | |
| 3 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 4 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 5 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 6 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms |
| 10 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 11 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 12 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 13 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms |
| 17 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 18 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 19 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 20 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms |
| <div> 24 <input type="radio"/> Home <input type="radio"/> Delivery <input type="radio"/> Symptoms </div> <div> <input type="radio"/> Home <input type="radio"/> Delivery <input type="radio"/> Symptoms </div> 31 | 25 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 26 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 27 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms |

| Thursday | Friday | Saturday | Notes |
|--|--|--|-------------------------------|
| | 1 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 2 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | <hr/> <hr/> <hr/> <hr/> <hr/> |
| 7 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 8 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 9 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | <hr/> <hr/> <hr/> <hr/> <hr/> |
| 14 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 15 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 16 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | <hr/> <hr/> <hr/> <hr/> <hr/> |
| 21 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 22 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 23 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | <hr/> <hr/> <hr/> <hr/> <hr/> |
| 28 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 29 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 30 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | <hr/> <hr/> <hr/> <hr/> <hr/> |

Tracing Journal

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Tracing Journal

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Tracing Journal

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Tracing Journal

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Tracing Journal

| | |
|---|----------------------------|
| Date: _____ | Time: _____ |
| Activity: _____ | Place/Location: _____ |
| Did you wear: Gloves <input type="radio"/> | Mask <input type="radio"/> |
| Did others wear: Gloves <input type="radio"/> | Mask <input type="radio"/> |
| Direct contact with: _____ | |
| _____ | |
| _____ | |
| Notes: _____ | |
| _____ | |
| _____ | |

| | |
|---|----------------------------|
| Date: _____ | Time: _____ |
| Activity: _____ | Place/Location: _____ |
| Did you wear: Gloves <input type="radio"/> | Mask <input type="radio"/> |
| Did others wear: Gloves <input type="radio"/> | Mask <input type="radio"/> |
| Direct contact with: _____ | |
| _____ | |
| _____ | |
| Notes: _____ | |
| _____ | |
| _____ | |

| | |
|---|----------------------------|
| Date: _____ | Time: _____ |
| Activity: _____ | Place/Location: _____ |
| Did you wear: Gloves <input type="radio"/> | Mask <input type="radio"/> |
| Did others wear: Gloves <input type="radio"/> | Mask <input type="radio"/> |
| Direct contact with: _____ | |
| _____ | |
| _____ | |
| Notes: _____ | |
| _____ | |
| _____ | |

| | |
|---|----------------------------|
| Date: _____ | Time: _____ |
| Activity: _____ | Place/Location: _____ |
| Did you wear: Gloves <input type="radio"/> | Mask <input type="radio"/> |
| Did others wear: Gloves <input type="radio"/> | Mask <input type="radio"/> |
| Direct contact with: _____ | |
| _____ | |
| _____ | |
| Notes: _____ | |
| _____ | |
| _____ | |

Tracing Journal

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

February 2021

| Sunday | Monday | Tuesday | Wednesday |
|--|--|--|--|
| | 1 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 2 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 3 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms |
| 7 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 8 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 9 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 10 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms |
| 14 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 15 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 16 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 17 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms |
| 21 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 22 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 23 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 24 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms |
| 28 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | | | |

| Thursday | Friday | Saturday | Notes |
|---|---|---|-------------------------------------|
| 4 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 5 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 6 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |
| 11 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 12 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 13 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |
| 18 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 19 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 20 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |
| 25 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 26 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 27 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |
| | | | <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |

Tracing Journal

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Tracing Journal

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Tracing Journal

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Tracing Journal

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Tracing Journal

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Tracing Journal

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

March 2021

| Sunday | Monday | Tuesday | Wednesday |
|---|---|---|---|
| | 1 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 2 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 3 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms |
| 7 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 8 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 9 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 10 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms |
| 14 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 15 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 16 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 17 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms |
| 21 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 22 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 23 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 24 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms |
| 28 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 29 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 30 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 31 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms |

| Thursday | Friday | Saturday | Notes |
|--|--|--|---|
| 4 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 5 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 6 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |
| 11 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 12 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 13 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |
| 18 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 19 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 20 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |
| 25 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 26 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 27 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |
| | | | <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |

Tracing Journal

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Tracing Journal

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

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Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Tracing Journal

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

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Date: _____

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Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

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Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Tracing Journal

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Tracing Journal

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

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Date: _____

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Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

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Date: _____

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Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Tracing Journal

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

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Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

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Date: _____

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Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

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Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

April 2021

| Sunday | Monday | Tuesday | Wednesday |
|---|---|---|---|
| | | | |
| 4 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 5 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 6 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 7 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms |
| 11 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 12 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 13 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 14 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms |
| 18 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 19 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 20 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 21 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms |
| 25 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 26 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 27 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 28 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms |

| Thursday | Friday | Saturday | Notes |
|--|--|--|-------------------------------|
| 1 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 2 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 3 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | <hr/> <hr/> <hr/> <hr/> <hr/> |
| 8 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 9 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 10 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | <hr/> <hr/> <hr/> <hr/> <hr/> |
| 15 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 16 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 17 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | <hr/> <hr/> <hr/> <hr/> <hr/> |
| 22 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 23 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 24 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | <hr/> <hr/> <hr/> <hr/> <hr/> |
| 29 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 30 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | | <hr/> <hr/> <hr/> <hr/> <hr/> |

Tracing Journal

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

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Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Tracing Journal

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

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Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

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Direct contact with: _____

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Did you wear: Gloves ☐ Mask ☐

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Direct contact with: _____

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Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Tracing Journal

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

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Date: _____

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Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

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Direct contact with: _____

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Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

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Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Tracing Journal

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

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Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

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Date: _____

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Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Tracing Journal

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

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Date: _____

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Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

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Direct contact with: _____

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Date: _____

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Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

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Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Tracing Journal

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

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Date: _____

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Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

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Date: _____

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Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

Date: _____

Time: _____

Activity: _____ Place/Location: _____

Did you wear: Gloves ☐ Mask ☐

Did others wear: Gloves ☐ Mask ☐

Direct contact with: _____

Notes: _____

May 2021

| Sunday | Monday | Tuesday | Wednesday |
|---|---|--|--|
| | | | |
| 2 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 3 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 4 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 5 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms |
| 9 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 10 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 11 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 12 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms |
| 16 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 17 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 18 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 19 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms |
| <div> 23 <input type="radio"/> Home <input type="radio"/> Delivery <input type="radio"/> Symptoms </div> <div> <input type="radio"/> Home <input type="radio"/> Delivery <input type="radio"/> Symptoms </div> 30 | <div> 24 <input type="radio"/> Home <input type="radio"/> Delivery <input type="radio"/> Symptoms </div> <div> <input type="radio"/> Home <input type="radio"/> Delivery <input type="radio"/> Symptoms </div> 31 | 25 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 26 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms |

| Thursday | Friday | Saturday | Notes |
|--|--|--|---|
| | | 1 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |
| 6 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 7 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 8 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |
| 13 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 14 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 15 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |
| 20 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 21 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 22 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |
| 27 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 28 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | 29 <input type="radio"/> Stayed Home <input type="radio"/> Delivery <input type="radio"/> Symptoms | <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |

