

COVID-19 Contact Tracing Form

Date:

Form Completed By:

Phone Number:

Name of Employee:

Employee Phone Number:

Position:

Department:

Employer:

Date of Notification of Symptoms:

What Date did the symptoms start?

Date of Notification of test result:

Employees last day at work:

If mobile/remote employee, last location worked:

Test Result:

Was the test a finger stick or nose swab?

(If a finger stick, refer the employee for priority testing screening and suggest a follow up test as finger stick tests are sometimes not reliable). The website to complete a questionnaire for a priority test is covid19.AustinTexas.gov.

In what county was the test performed?

If test result is POSITIVE:

Provide details regarding any Agency facilities you visited and when (for the three days before you started having symptoms):

For the three days before you started having symptoms, were you in close contact with any CO-WORKERS (close contact is being closer than 6 feet for 15 minutes or more)?

If yes/maybe, list employees by full name, date and where contact occurred:

For the three days before you started having symptoms, were you in close contact with

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any CUSTOMERS (close contact is being closer than 6 feet for 15 minutes or more)?

If yes/maybe, provide details regarding date and where contact occurred:

Provide details regarding symptoms, treatment, hospitalization, etc.:

Are your symptoms:

If hospitalized, please provide name and location of hospital:

The Executive Leadership would like to reach out to you personally. Can we share your information with Executive Leadership:

If yes, provide contact phone number and mailing address: