CLOSE CONTACT REPORT

MUST BE RETURNED TO YOUR SUPERVISOR OR PROGRAM WITHIN 24 HOURS

Name: Today's Date:

Department or Program:

The last day I worked or attended educational activities on campus was:

Section I. As of today (check all that apply):

☐ I have symptoms Symptom start date:

☐ I believe I have been exposed to an individual with COVID-19. Possible exposure date:

☐ I have been in close contact with an individual who has tested positive for COVID-1

Date I found out:

☐ I have been notified by EVMS that a co-worker or another student has symptoms or may have been exposed to COVID-19.

Section II. Close Contacts:

Please list below all individuals with whom you have been in close contact starting 2 days before your symptoms or from the day you think you were exposed. Close Contact is defined as: a) being within 6 feet of a person with confirmed COVID-19 for more than 15 minutes where at least one of the parties is not wearing a mask **or** b) having unprotected direct contact with infectious secretions or excretions of the person with confirmed COVID-19 where at least one of the parties is not wearing a mask.)

Name	Department