

COVID CONTRACT TRACING FORM

Name of student: _____ DOB: _____

Student ID Number: _____ Student Cell: _____

Dorm Room and Number, if applicable: _____

Home address: _____

Phone number(s): _____ Email: _____

Date and approximate time of symptom onset: _____

Infectious period start date: _____ (Onset- 2days)

Initial Symptoms: _____

Contact with a known case of COVID 19:

- Yes, Name: _____
- No

Recent travel history?

- Yes, Location and date(s): _____
- No

Recent contact with any visitors from another location?

- Yes, Location and date(s): _____
- No

Does the student have a thermometer?

- Yes
- No

Does the student have a mask?

- Yes
- No

Last date of patient's isolation (aka infectious period end date): _____

Persons **with COVID-19 who have symptoms** and were directed to care for themselves at home may discontinue home isolation under the following conditions:

- At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever- reducing medications **and** improvement in respiratory symptoms (e.g. cough, shortness of breath); **AND**
- At least 10 days have passed *since symptoms first appeared*.

Notes:

History of Activity 2 Days Before and 7 Days After Symptom Onset

Instructions: include all locations that the student may have visited outside their home for the period of interest. This includes daily activities like shopping, sports practice, work attendance and single events such as attendance at a party, fair, festival, etc. Please also ask about visitors to their home in this time frame. Use additional pages as needed to capture this information.

	Day	Date	Activities
Inf ect iou s Pe rio d	-2		
	-1		
	0 (illness onset)		
	1		
	2		
	3		
	4		
	5		
	6		
	7		
	8		
	9		
	10		