

CAMPUS LEVEL CONTACT -TRACING FORM (Revised 11/11/20)

1. Date _____ Campus _____

2. Name _____ K _____
 Student Employee Visitor

3. X u % o } Ç W } •] š } } v: _____

4. X Home Address: _____

5. X Contact Phone# _____ Email _____

6. X W } Ç] A v r š] š o } š] y } •] v P ~ • • | Ç } } u • • _____

7. X f Student, currently enrolled semester _____ 20 _____ Remote Essential on Campus
 AND

8. X f Visitor, name of company and purpose _____

9. Nature of self-report: % POSITIV K v •] š

10. Has individual tested for COVID-19?

YES Test Date: _____ NO If NO, when is test date scheduled: _____

11. X COVID-19 test results: % Positive* [result date _____] Negative [result date _____]

12. X ist ^ Ç u % š } u • E ^ š Ç š š } (^ Ç u % š } u • _____

13. Date self-isolation began _____

14. X PPE worn on campus: _____

15. X Was there "close contact**" with anyone on campus? Yes No

17. Who and where did individual come in "close contact*" with while on campus?

*If reporting a positive case for employee on campus, include copy of test.

**Close contact is — • Z Ç] Ç • % — K Z —le