

ADOM COVID-19 EXPOSURE REPORT --- STUDENT

DATE TESTED _____ **RESULTS** + -

LAST, FIRST NAME _____ **AGE** _____ **DATE REPORTED** _____

PERSON REPORTING _____ **SCHOOL REPORTING** _____

SYMPTOMATIC? YES NO DATE SYMPTOMS BEGAN _____

DESCRIBE SYMPTOMS AND SEVERITY BELOW

VACCINATED ? **YES** **DATE OF LAST SHOT**

EXPOSURE DATE _____ please check and then respond in box below details of the exposure if known

WERE YOU WEARING MASK? YES NO WERE YOU SOCIAL DISTANCING? YES NO

WAS OTHER PERSON WEARING MASK? YES NO HAS OTHER TESTED POSITIVE? OR YES NO

OTHERS IN HOUSEHOLD INFECTED? YES NO AWAITING TEST RESULTS? YES NO

LAST DAY AT WORK/PARISH/SCHOOL _____

Your contacts at school BETWEEN YOUR EXPOSURE AND LAST DAY AT WORK/SCHOOL? List names and contact information below. Include **DATE** CLOSE CONTACT (SEE CRITERIA BELOW)

The CDC defines a *credible exposure*/close contact of concern

- You were within 6 feet of someone who has been infected with COVID-19, for at least 15 minutes in a day, *within 2 days of their on-set of symptoms or within 2 days when they were tested or*
- You provided care at home to someone who is sick with COVID-19 or
- You had direct physical contact with the person (touched, hugged, or kissed them) or you shared eating or drinking utensils or
- They sneezed, coughed, or somehow got respiratory droplets on you.

RECOMMENDATION BY ADOM

Carefully think back where the patient has been and with whom the patient has had contact in the past 2 days. Fill in the dates below and working backwards, list names and contact information, if available, of close contacts (if any) other than persons in patient's household on the days before symptoms began.

DATE SYMPTOMS BEGAN or EXPOSURE OCCURRED _____

1 DAY BEFORE SYMPTOMS or EXPOSURE OCCURRED _____

ANY ADDITIONAL INFORMATION?