

Contact Tracing in the Workplace Form

Employee Name _____

Date of Report _____

Report Completed By _____

Date Initially Tested _____

Follow-up Test Dates _____

Return to Work Date _____

Contact Tracing in the Workplace Form

In light of your COVID-19 diagnosis or positive test on _____, Contemporary Electrical Services requests that you disclose where you have worked or conducted business and with whom you had close contact, so that we can advise staff members and other work-related individuals of their potential exposure to the virus. They will only be provided with general information, and you will remain anonymous.

Please provide information for the 3 days prior to your first symptom and your test date, if you are asymptomatic:

Jobsite locations worked past two weeks

Last day onsite _____

Specific area of the jobsite where you worked _____

Path of travel through the jobsite (i.e. use of stairwells, elevators, entrance into and out of site)

Location of restrooms used

Did you wear a face mask covering your nose and mouth at all times while onsite?

Did you wear eye protection while onsite?

Symptoms displayed prior to diagnosis

Identify any employees or other individuals with whom you had close contact (i.e., you were within approximately six feet for at least 10 minutes sustained) over the three days prior to your first symptom or 3 days prior to testing:

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Did you travel outside of the DC/Metro Area in the last 14 days? If so, where?

Did you remove your facemask and sit within 6 feet of anyone else during lunch, break, or any other time during the day: Yes No

Do you carpool with employees from Contemporary or any other company?

Yes No

When was the last date/time that you took any fever reducing medication such as Tylenol or Advil?

Have you been exposed to anyone within your household who is or has been displaying symptoms of Covid-19? If yes, explain_____

