## \*\*This information is time sensitive please return within 24-48 hours\*\*

C	lose Co	ontac	t Reporting	Form: for Covi	d-19 Posi	tive/Pres	umptive Ca	ses	
Please complete a separate form for each individual confirmed/presumptive case. (definitions below									
Facility Name	s:			Re	Reporter Name:				
Facility Addres	ss/s:		P		Phone Number:			Date:	
			Positiv	e/Presumptive C	ase Inform	ation			
Naı	me		DOB	one	e Home Address				
Symptom Date of					Dates worked during		Job Title	Areas worked	
Onset Date Collection		tion	☐ Lab ☐ School ☐ Work ☐ Hom		Infectious Period				
Symptoms:			bugh □shortness of breath □acute respiratory illness □fever/subjective fever						
(check all that apply)			loss of taste/smell  acute gastrointestinal illness  diagnosed with viral pneumonia						
In the 14 day prior to illness they were:		□in cl	n close contact to a confirmed case						
				Important Defi	nitions				
			Please rev	view definitions befo		ng form.			
	•		ho tests positive	on any FDA Emerge egative follow-up te	ncy Use Auth	orized diagr		•	
PRESUMPTIVE	CASE: A	person	without a positiv	e lab test is conside	red a presun	nptive case i	f they have had	either:	
PRESUMPTIVE CASE: A person without a positive lab test is considered a presumptive case if they have had either:  A. at least TWO of the following symptoms: shortness of breath, cough, fever, loss of smell/taste, viral pneumonia									
AND: In the 14 days prior to illness they had: close contact with a case, or an exposure in an outbreak.									
B. A positive home test AND In the 14 days prior to this test they had ONE of the following: close contact with a confirmed case, an exposure in an outbreak, acute respiratory or gastrointestinal illness, traveled out of state.									
				reak, acute respirate					
	•		•	at once, it can add u			<u> </u>	lous periou with	
				meone with COVID-	· · · · · · · · · · · · · · · · · · ·			oms. this begins	
			•	vithout symptoms, t	_	-			
infectious peri	od ends v	vhen: 1	0 days have pass	ed, no fever for 24 h	ours, and all	symptoms l	nave improved.		
□ No Close Contact List									
Contacts	•			out. Please include	•				
Contact Nam	ne	DOB	Phone	Home Addre		cupation &	Off work t		
Sample Contac	rt M/	/D/YYYY	Number 999-9999	1234 Street Nam		ea of Work  - Locations	Quarantine Yes- 10/14 do		_
Sample contac	1717	<i>D</i> / 1111		City, OR 67890	300	Locations	No-Vaccinate	,	
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