

EXPOSURE TO COVID POSITIVE INDIVIDUAL FORM

Use this form for any staff person who has been exposed to a known COVID positive individual outside of work. Fax this form to Meredith at 517-264-0790.

Who is considered a close contact?

Anyone who has been in **close contact with someone who has COVID-19**.

This includes people who previously had COVID-19 and people who have taken a COVID antibody test and have antibodies to the virus.

What counts as close contact?

- You were within 6 feet of someone who has COVID-19 for at least 15 minutes (cumulative)
- You provided care at home to someone who is sick with COVID-19
- You had direct physical contact with the person (hugged or kissed them)
- You shared eating or drinking utensils
- They sneezed, coughed, or somehow got respiratory droplets on you

Staff had contact with a known COVID positive.	
Name of Staff Person Exposed:	Date(s) of Exposure
Phone number of Staff Person:	
Email address of Staff Person:	
Has the staff person been contacted by the health department? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the exposed staff person now in quarantine? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list date quarantine began.	
Name of COVID positive Individual:	
Address of COVID positive Individual:	
Description of exposure (include location, type of exposure, duration of exposure, church, gathering etc.):	
How did this staff person become aware of this COVID positive individual?	
Name of person submitting this form: Phone/Email: Business:	