

Contact Tracing Form

Contact Tracing is a public health tool that is used to help stop the spread of certain communicable diseases. For colleges, it involves identifying others that may have had recent close contact with a person confirmed to have the virus and giving that information to the local public health department. The local public health department will provide guidance on how to stay safe, protect others, and quarantine to prevent further spread of the virus.

Quarantine separates people who were exposed to a contagious disease to see if they become sick. This is important because people who are infected with COVID-19 are very contagious two days before they have any symptoms of being sick, so unless they are kept separated from other people, they will spread the illness without even knowing it. Since close contacts are not yet known to be infected, the contacts to those contacts do not need to be in quarantine and do not need to be identified or contacted.

Please complete this form and return to the Lenawee County Health Department via email to Meredith.Mackey@lenawee.mi.us. Use additional pages as necessary.

What is considered a close contact?

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

People who previously had COVID-19 and people who have taken a COVID antibody test and have antibodies to the virus could still be considered a close contact.

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 or student has a positive nasal/throat test.			
For symptomatic cases Date Symptoms Started: 48 hours prior to this:		For asymptomatic positive tests Test Date: 48 hours prior to test date:	
Dates staff or student attended school starting from 2 days before onset of symptoms, or if asymptomatic, then test date. through			
Close Contacts* on those dates THIS INFORMATION MUST BE TYPED!!!			
Contact 1			
Name	Date(s) of Contact	Contact's Phone	Contact's Email
Description of contact (location such as classroom, residence hall, sporting event, etc., duration, type of contact – sat next to each other in class, played sports together, etc.)			
Contact 2			
Name	Date(s) of Contact	Contact's Phone	Contact's Email
Description of contact (location such as classroom, residence hall, sporting event, etc., duration, type of contact – sat next to each other in class, played sports together, etc.)			

Contact 3			
Name	Date(s) of Contact	Contact's Phone	Contact's Email
Description of contact (location such as classroom, residence hall, sporting event, etc., duration, type of contact – sat next to each other in class, played sports together, etc.)			
Contact 4			
Name	Date(s) of Contact	Contact's Phone	Contact's Email
Description of contact (location such as classroom, residence hall, sporting event, etc., duration, type of contact – sat next to each other in class, played sports together, etc.)			
Contact 5			
Name	Date(s) of Contact	Contact's Phone	Contact's Email
Description of contact (location such as classroom, residence hall, sporting event, etc., duration, type of contact – sat next to each other in class, played sports together, etc.)			