

COVID-19 Close Contact* List

DATE: _____

COMMUNITY NAME: _____

CASE NAME: _____

HEALTH CENTRE CONTACT PERSON: _____

DATE OF ONSET FOR SYMPTOMS OF CASE: _____

CONTACT PERSON PHONE NUMBER: _____

CASE IS: Confirmed Probable

FNIHB CDC TEAM CONTACT: _____

Last Name, First Name	DOB YYYY MM DD	PHN #	HCW (Y/N)	Date of last exposure to case**	Description of Exposure (i.e. travel, household, healthcare setting)	Chronic Conditions	Symptoms? F=Fever C= Cough SOB= Shortness of Breath ST=Sore Throat RN=Runny Nose	Onset of Symptoms (mm/dd)	Probable Case? (Y/N)	MOH Direction					Comments
										Isolation Period (# of days)	Isolation Start Date	Last Day of Isolation	Self- Monitor for Symptoms	Requires Swab	

***Close contacts are persons who have had exposure to an individual with COVID-19 disease during the time they were considered infectious. That means they:**

- provided care for the case, including healthcare workers, family members or other caregivers, or who had other similar close physical contact without consistent and appropriate use of personal protective equipment (PPE) , **OR**
- lived with or otherwise had close prolonged contact i.e. for more than 15 min and within two metres with a person **OR**
- had direct contact with the infectious body fluids of a person (e.g. was coughed or sneezed on) while not wearing recommended PPE.

****For close contacts with on-going exposure, the last date of exposure is the date the case is determined to be non-infectious i.e. from 10 days since symptoms onset**

Date: May 19, 2020

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