

COVID-19 CONTACT TRACEABILITY QUESTIONNAIRE

Name _____ Date Symptoms Began _____
Department _____ Date of Positive Test _____
Supervisor _____ Date Form Completed _____

Please answer the questions below based on the **2 days prior** to your **COVID-19** symptoms and/or positive test results.

List all court locations you visited, including approximate time spent at each location.

Please list all non-court locations you visited for work related reasons, including approximate time spent at each location.

Please list all training or meetings you attended and known attendees, including approximate time spent at each location.

Please list the names of individuals you were in close contact with (less than 6' for more than 15 minutes) at your main work location. This includes employees, visitors, contractors, etc.

For each of the locations you listed, please list the names of individuals you were in close contact with (less than 6' for more than 15 minutes). This includes meetings in the same room.

Please list the names of individuals who you may have come into close contact while sneezing or coughing (less than 6' for more than 3 seconds).

Please indicate the areas you frequented at your main work location. i.e. work area, restroom, entrance/exits, meeting rooms, offices, conference rooms.

Is there any other information we should be aware of regarding your diagnosis or contacts?

Form completed by: _____ Date: _____