



CONTACT TRACING - Potential or Positive Covid-19 Notification

Date of Interview:

INTERVIEWER (conducting the interview):

Name: Phone:

Address: Email:

INTERVIEWEE (case person being interviewed):

Name: Date of Birth:

Address: Phone:

Email:

This Contact Tracing interview is being conducted to aid the College in reporting suspected Communicable Disease information to the appropriate Local Health Department authority respective to a person's residence.

- 1. Suspected Reportable Communicable Disease** (Refer to attached list of Reportable Communicable Diseases, maintained by State of Michigan Department Health & Human Services).

- 2. Why is this disease suspected?**

- 3. Is the person Symptomatic?** (check one)

No

Yes, date symptoms began:

- 4. Signs and Symptoms of Illness:**

- 5. How do you feel now?** (check one)

Same

Improving

Worsening



6. Have you been seen by a Health Care Provider?

No Yes, date seen:

a. Name of Health Care Provider/Office:

b. Diagnosis provided:

c. Are Tests Pending?

No Yes, date results expected:

d. What Instructions were given to you from the Health Care Provider?

7. When was the last time you were at the college?

a. Date(s):

b. Campus(es): South MTEC Center East

c. Building(s):

d. Room(s):

8. Who at the college have you been in contact with, since became symptomatic?

**List contact information for everyone you have been in close contact with
since the onset of your symptoms and 48 hours before onset of symptoms.**

<u>Date</u>	<u>Name</u> <small><i>Check if Employee</i></small>	<u>Email</u>	<u>Phone #</u>	<u>Address</u>