



## COVID-19 Contact Tracing Questionnaire – CONFIDENTIAL

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Student ID# \_\_\_\_\_

If you are a student, list the classes you are enrolled in: \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Date you were last on campus or at work: \_\_\_\_\_

Why did you take a COVID test? Check all that apply.

Weekly surveillance testing

I had symptoms      Symptom onset date? \_\_\_\_\_

What were the symptoms? \_\_\_\_\_

I was recently exposed to someone who had COVID? Where were you exposed?  
\_\_\_\_\_

Other: \_\_\_\_\_

When did you take your test? \_\_\_\_\_ Where? \_\_\_\_\_

Date you notified the district about your positive test? \_\_\_\_\_

Have you been vaccinated? \_\_\_\_\_

What type of COVID test did you take?

PCR       Antigen       Other \_\_\_\_\_

You are deemed to be infectious from 2 days before you started having symptoms, or if you don't have any symptoms, from 2 days before you took your COVID test.

Were you in close contact with anyone (**closer than 6 feet for more than 15 minutes**) in any of your classes or while on campus and **while infectious**? This could be while eating lunch with someone, in class or in a meeting. Please describe or list names of individuals if known.

\_\_\_\_\_  
\_\_\_\_\_