Complete this form in Microsoft Word

|  |  |
| --- | --- |
| Facility Name: |  |
| Visitor Name: |  |
| Affected Unit(s): |  |
| Onset DateThe date the COVID test swab was done, or the date ofonset of symptoms, whichever is earlier. |  |
| Positive DateThe date the COVID test result was reported |  |
| All visit dates from 48 hours before the Onset Date until the Positive Date |  |
| Investigator Name: |  |
| Investigator Phone: |  |
| Investigator E-mail: |  |

**Resident Exposures** – Interview and Visitor Log Review

Interview the visitor, resident(s), and staff to identify the residents who had contact for longer than 15 minutes with the visitor, starting 48 hours before the Onset Date until the 14 days after the Onset Date or the last visit to the facility, whichever is earlier. *(Press Tab in last column to add a new row)*

**Test Type: ( ) PCR** (preferred) **( ) Antigen ( ) Both**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Resident Name | Resident Unit & Room # | First Exposure Date MM/DD | Last Exposure Date MM/DD | Test Date #1 MM/DD | Test Date #2 MM/DD | Test Date #3 MM/DD | Test Date #4 (if needed) MM/DD | (Q)uarantine or (M)asking? | Precautions or Masking End Date (if all tests are negative)MM/DD |
|  |  |  |  |  |  |  |  |  |  |

**Staff Contacts** – Interview and Visitor Log Review

Interview the visitor, resident(s), and staff to identify the staff who had contact for longer than 15 minutes with the visitor, starting 48 hours before the Onset Date until the 14 days after the Onset Date or the last visit to the facility, whichever is earlier. *(Press Tab in*

*last column to add a new row)*

**Test Type: ( ) PCR ( ) Antigen** (preferred) **( ) Both**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Staff Name & Role | Staff Unit or Department | First Exposure Date MM/DD | Last Exposure Date MM/DD | Test Date #1 MM/DD | Test Date #2 MM/DD | Test Date #3 MM/DD | Test Date #4 (if needed) MM/DD | Masking ending date MM/DD |
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