

COVID-19 Close Contact List

Complete and Fax to FNIHB CDC: 780-495-8070

DATE: _____

COMMUNITY NAME: _____

CASE NAME: _____

HEALTH CENTRE CONTACT PERSON: _____

DATE OF ONSET FOR SYMPTOMS OF CASE: _____

CONTACT PERSON PHONE NUMBER: _____

Close contacts include persons who have had exposure to an individual with COVID-19 disease within 10 days after the onset of symptoms in the case.

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				Onset of Symptoms (mm/dd)	Probable Case? (Y/N)	MOH Directed				Comments
							None	Fever	Cough	SOB			Isolate	Isolation Start Date	Anticipated Isolation End Date	Monito r for Sympt oms	

Definition of Close Contacts are individuals that:

- Provide care for the case, including healthcare workers, family members or other caregivers, or who had other similar close physical contact with consistent and appropriate use of personal protective equipment (PPE), **OR**
- Lived with or otherwise had close prolonged contact (within two metres) with a person while the case was ill, **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: March 26, 2020