

Protected Health Information

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Nursing COVID-19 Contact Tracing Form Template

(The below form is only to be used as a guide in gathering all required information. All COVID-19 cases should be reported via phone call to OCHD Communicable Disease 732-341-9700 ext. 7515)

Student/Faculty Name: _____ Date: _____

Home Address: _____ Phone #: _____

PCP (if known): _____

School: _____ Teacher/Classroom: _____

Bus Driver: _____ Bus #: _____

➤ *Infectious Period* (2 days prior to illness onset/test date through 10 days after)

Start Date: _____ End Date: _____

Signs/symptoms: _____

COVID-19 Test: PCR _____ Antigen _____ Date: _____

Sibling: _____ School: _____

Sibling: _____ School: _____

Sibling: _____ School: _____

Below classmates/teachers are identified as ***close contacts***:

Classmate: _____ Date _____

Classmate: _____ Date _____

Classmate: _____ Date _____

Classmate: _____ Date _____

Classmate: _____ Date _____

Classmate: _____ Date _____

Additional Teacher: _____ Date: _____

Additional Teacher: _____ Date: _____

School Nurse: _____ Date: _____

Updated 8/2020