

CAMPUS LEVEL CONTACT TRACING- EASY CHECK LIST

1. Date _____ Campus _____

2. Name _____ ID# _____
Student Employee Visitor

3. Home Address: _____

4. Contact Phone # _____ Email _____

5. If Employee, work location (building(s)/room#) _____

6. If Student, semester currently enrolled in _____ 20_____

7. If Visitor, name of company and purpose _____

8. Nature of self-report: POSITIVE SUSPECTED EXPOSURE - TO COVID-19

9. Has individual tested for COVID-19?
 YES Test Date: _____ NO If NO, when is test date scheduled: _____

10. COVID-19 test results: Positive [result date _____] Negative [result date _____]

11. Last day on campus _____ If person was not on campus, please stop here.

12. PPE worn on campus: _____

13. Was there "close contact*" with anyone on campus? Yes No

14. Who and where did individual come in "close contact*" with while on campus?

***Close contact is less than 6 feet for more than 15 minutes over a 24-hour period.**

15. List symptoms, if any _____

16. Date self-isolation began _____

ADDITIONAL NOTES:

Instructions for submission: Before submitting, be sure to report cases to your campus President. Once this form is complete, submit to eoc@lacc.edu.