

CONTACT of confirmed case - (SOE 2019 COVID-19 PUI form PHN 05.18.2020)

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CL 45 TP Code 01 02 07 30 TP Code EPSDT 547 EPI Investigation 04 Group Services 19
 AT _____ TT _____ Medicaid # _____ POV Counsel Contact COVID-19 (V01.79)
 Health Center _____ HR# _____ Other POV _____
 Insurance Type: Medicaid Medicare Tricare Other Private Insurance Uninsured/Tribal
 Race (check all that apply): American Indian/Alaska Native Asian Black/African American Hawaiian/Pacific Islander White
 Number in Household _____ - Household Income (before taxes) per month _____ - Hispanic? Yes No

Investigator Name: _____ Interview date: _____

Name of contact: _____ **DOB:** _____ **Gender:** _____

Minors: Guardian Name: _____ Guardian Job Status: Employed Unemployed Retired

Address: _____

Phone number(s): _____ Email: _____

Name of index case: _____ Case Infectious period start date: _____ (2 days before symptom onset)

Date of contact's most recent exposure to index case while index case was infectious: _____

Nature of contact with the index case (Describe)

Household member Yes No Intimate partner Yes No

Individual providing care in the household without using recommended infection control precautions Yes No

Individual who had close contact (< 6 feet)** for a prolonged period of time (current definition >10 minutes) Yes No

Other (e.g., someone who was coughed on by case): Yes No If yes, describe? _____

- Is contact with the index case ongoing (e.g. household contact or caregiver)? Yes No
- Does the contact have current/recent (past 2 weeks) history of fever or respiratory symptoms? Yes No
- If symptomatic, was the contact referred for testing? Yes No
- Does the contact have a thermometer? Yes No
- Does the contact have a mask (to be worn if symptomatic)? Yes No

Remind all contacts to call ahead to a provider and tell the provider they are a contact before seeking care.

Risk Assessment (circle one): Contact (if yes to any of the questions in the 'Nature of Contact box' above)
 General Population-level Risk

Instructions Given* (circle one): Self-quarantine/ General guidance

***Additional information will be needed for contacts who are health care providers.**

Quarantine / monitoring period ends (14 days after last contact with index case) (NOTE: those with ongoing case may need to restart their 14 days when the case is released from isolation.)

Contact cleared date (if known): _____

Checklist:

- Contact emailed / faxed information sheet: Yes No
- Information submitted to relevant PHN: Yes No
- Contact entered into NBS: Yes No

** Factors to consider when defining close contact include proximity, the duration of exposure (e.g., longer exposure time likely increases exposure risk), whether the case had symptoms (e.g., coughing likely increases exposure risk) and whether the individual was wearing a facemask (which can efficiently block respiratory secretions from contaminating others and the environment).