COVID-19 Confirmed Case Investigation Worksheet

Summary of Contacts

*Name(s) of Investigator(s):*_____

Name of index patient:_____ DOB_____ Gender _____

Please provide risk assessment and instructions given from each contact form. Use additional sheets as needed.

Risk assessment categories: ***C****=Contact;* ***GP****=General Population*

Instruction categories: ***Q****=self-quarantine;* ***OBS****=self-observation*

Name	DOB	Risk Assessment	Phone Number	Typeof Contact (work, household, etc.)	Instructions	Date of Last Exposure	End of 14 day period(if known)