CHILD CARE/SCHOOL/CAMP CLOSE CONTACTS

CHIED CARE/SCHOOL/CAMI CLOSE CONTACTS	
Name of facility:	NOTES:
Index case:	
WDRS number:	
Date of case investigation/by who:	
Symptom onset date:	
Last exposure date:	
Quarantine through:	
Director/Principal:	
Facility phone:	

CHILDREN/YOUTH

SHD Only	SHD Only	First Name	Last Name	DOB	Group	Parent Name	Parent Mobile Phone	Parent Email	Address	City	State	Zip	Gender
					-								
													-
													<u> </u>
					-								

STAFF

SHD Only	SHD Only	First Name	Last Name	DOB	Group	Position	Staff Phone	Staff Email	Address	City	State	Zip	Gender
													1

1 1		l					
		l					l
		l					l
1 1		l					
		l					
							l
		l					1
1 1		l					



Status	Y/N	Test Result
Case	Υ	Positive
Probable	Ν	Negative
Contact	unknown	Waiting
Not a contact		