COVID-19 Close Contact Check List

1. Date you started to feel sick: ___________________
2. Two days **before** the day you started to feel sick: _____________________
3. Think back to what you did between the date of #2 and today or the date you went into isolation
4. Think back to who you were in close contact* with during that time between date #2 and today
5. If you went to a doctor's office and you don't remember the name of the staff that took care of you, call the doctor's office to let them know.
6. Contact your workplace and let them know.

* Close contact is defined as being within 6 feet for period of 10 minutes or more

Date of Contact	Name (Person OR Facility)	Contact Information	Call Result (left voicemail, spoke to person, etc)

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