## **COVID-19/Novel Coronavirus CONFIRMED CASES - PLEASE LIST ALL AFFECTED EMPLOYEES ON THIS FORM**

## **CALL COBB & DOUGLAS PUBLIC HEALTH. Ph: (770-514-2432) fax: 770-514-2313**

# **Facility Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Name****(Last name, 1st name)** | **DOB** | **Race/Ethincity** | **Home Address** | **Phone Number (preferably cell phone)**  | **Symptoms****\*(e.g., FE w/ temp, C, SOB)** | **Start Date/Time** **(Onset)** | **End Date/****Time** | **Last Date(s) Worked** |
| Ex. #1 Jane Doe | 12/23/44 | B/NH | 456 Blue Street Austell GA 45678 | 235-456-7894 | unknown |  |  | 05/28/20-06/01/20 |
| Ex #2 Mary Reid | 11/25/75 | W/H | 456 Green Street Acworth GA 75896 | 568-862-7345 | No symptoms |  |  | 06/01/20-06/05/20 |
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\*Legend: FE=Fever C=Cough SOB=Shortness of breath ST=Sore throat

 NH=Non-Hispanic H=Hispanic

## **COVID-19/Novel Coronavirus CLOSE CONTACTS - PLEASE LIST ALL AFFECTED EMPLOYEES ON THIS FORM**

## **CALL COBB & DOUGLAS PUBLIC HEALTH. Ph: (770-514-2432) fax: 770-514-2313**

# **Facility Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Name****(Last name, 1st name)** | **DOB** | **Home Address** | **Phone Number (preferably cell phone)**  | **Symptoms****\*(e.g., F w/ temp, C, SOB)** | **Start Date/Time** **(Onset)** | **End Date/****Time** | **Interaction w/ patient (i.e. last date exposed, length of time, proximity of at least 6ft, PPE Y/N, etc.)** |
| Ex. John Smith | 01/23/45 | 123 XYZ St Marietta GA 12345 | 654-456-7777 | F 101 | 06/01/20 | Ongoing | Work w/ employee #1 on 05/29, 4hr shift, less than 6ft, Y |
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