

COVID-19 Close Contact Identification Form (ver 1.0 March 17, 2020)

Index Case Name/Maven ID: _____

MAVEN ID# _____	
Contact Name: _____	Date of Last Exposure: ___/___/___
Date of Birth ___/___/___	Quarantine End Date: ___/___/___ <i>(exposure + 14 days)</i>
Phone (____) _____ - _____	Exposure Setting: <input type="checkbox"/> Household Contact <input type="checkbox"/> Close Contact <input type="checkbox"/> Workplace <input type="checkbox"/> Other: _____
Email Address: _____	Notification Plan: _____
Address: _____	Who will notify this contact? _____
Town: _____ State: _____	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unk <input type="checkbox"/> Other	
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