

## COVID-19 School List of Close Contacts Form

Schools should designate a school point of contact to help the School District Case Investigator collect names of close contacts to confirmed positive cases. Solano Public Health staff will contact the Case Investigator to offer guidance and provide consultation on limiting the spread of the virus.

The purpose of this form is to collect a list of close contacts potentially exposed to the case. This template is a useful tool to help organize information.

**Instructions:** Complete the information below for every school-related close contact **outside of the cohort**. Close contacts within a cohort do not have to be added in this form. Parent/Guardian name is only needed if the close contact is a student.

**Close Contact Definition:** A close contact is someone who was within 6 feet of an infectious person for at least 15 minutes total over the course of a 24-hour period, with one or both case/close contact not wearing a mask, starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to positive testing date), continuing until the time the patient is isolated. For cohort settings, all children and staff in the cohort are considered close contacts and do not need to be identified in this form.

**Notifying Close Contacts:** The notification letter templates should be used immediately upon learning of the exposure and communication should not be delayed while awaiting consultation with Solano Public Health.

**When Completed:** Send the template below using secure email to [schoolcict@solanocounty.com](mailto:schoolcict@solanocounty.com) and [ccoutee@solanocounty.com](mailto:ccoutee@solanocounty.com) as soon as possible but not later than **2 business days**.

<b>School Name:</b>					<b>Date:</b>	
<b>Person who Completed this Form:</b>					<b>Phone Number:</b>	
<b>Name of Confirmed COVID-19 Case:</b>					<b>Date of Birth:</b>	
Close Contact First and Last Name	Parent/Guardian First and Last Name	Phone Number	Date of Birth	County of Residence	Showing symptoms of COVID-19? (Y/N)	Parents notified of possible Exposure? (Y/N)

