

- When interviewing a case to identify potential close contacts, consider all individuals that could have had exposure while the case was infectious
- See the Close Contact Tracing section of the *Public health management of cases and contacts of COVID-19 in Ontario* for the definition of a close contact
- Use the following activity prompts to help identify potential close contacts: work; school; visitors at home; volunteer activities; daycare; religious activities; social activities (restaurants, shopping); sports; visits to acute care settings, long-term care homes, retirement homes, medical labs, dentists, and other health care providers; contact with ill persons; and contact with birds/swine or other animals.

Case Information							
Name: _____				Date of birth: _____			
Date of symptom onset: _____ OR Date of positive test collection (if asymptomatic): _____				Contact trace back period <b>start date</b> : _____ Contact trace back period <b>end date</b> : _____			
Date case started self-isolation: _____							
Contact Information							
Contact name DOB Phone/email	Date of last exposure to case	COVID-19 Vaccination history	Description of interaction with case	Risk Level (High or low risk)	Additional Comments	Attempts to contact	HCW signature
Contact name _____ DOB _____ Phone/email _____		<input type="checkbox"/> Not received vaccine <input type="checkbox"/> Received vaccine  <u>Vaccination dates:</u> Dose #1: _____ Dose #2: _____  Product: _____					
Contact name _____ DOB _____ Phone/email _____		<input type="checkbox"/> Not received vaccine <input type="checkbox"/> Received vaccine  <u>Vaccination dates:</u> Dose #1: _____ Dose #2: _____  Product: _____					
Contact name _____ DOB _____ Phone/email _____		<input type="checkbox"/> Has not received vaccine <input type="checkbox"/> Received vaccine  <u>Vaccination dates :</u> Dose #1: _____ Dose #2: _____  Product: _____					

Name of Case:				Date of Birth:			
Contact name DOB Phone/email	Date of last exposure to case	COVID-19 Vaccination history	Description of interaction with case	Risk Level (High or low risk)	Additional Comments	Attempts to contact	HCW signature
Contact name _____ DOB _____ Phone/email _____		<input type="checkbox"/> Not received vaccine <input type="checkbox"/> Received vaccine  <u>Vaccination dates:</u> Dose #1: _____ Dose #2: _____  Product:					
Contact name _____ DOB _____ Phone/email _____		<input type="checkbox"/> Not received vaccine <input type="checkbox"/> Received vaccine  <u>Vaccination dates:</u> Dose #1: _____ Dose #2: _____  Product:					
Contact name _____ DOB _____ Phone/email _____		<input type="checkbox"/> Not received vaccine <input type="checkbox"/> Received vaccine  <u>Vaccination dates:</u> Dose #1: _____ Dose #2: _____  Product:					
Contact name _____ DOB _____ Phone/email _____		<input type="checkbox"/> Not received vaccine <input type="checkbox"/> Received vaccine  <u>Vaccination dates:</u> Dose #1: _____ Dose #2: _____  Product:					

