

- 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 start date: _____ Contact trace back period end date: _____				
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
<div>Contact name</div> <div>DOB</div> <div>Phone/email</div>		<input type="checkbox"/> Not received vaccine <input type="checkbox"/> Received vaccine <div>Vaccination dates:</div> <div>Dose #1:</div> <div>Dose #2:</div> <div>Product:</div>					
<div>Contact name</div> <div>DOB</div> <div>Phone/email</div>		<input type="checkbox"/> Not received vaccine <input type="checkbox"/> Received vaccine <div>Vaccination dates:</div> <div>Dose #1:</div> <div>Dose #2:</div> <div>Product:</div>					
<div>Contact name</div> <div>DOB</div> <div>Phone/email</div>		<input type="checkbox"/> Not received vaccine <input type="checkbox"/> Received vaccine <div>Vaccination dates:</div> <div>Dose #1:</div> <div>Dose #2:</div> <div>Product:</div>					
<div>Contact name</div> <div>DOB</div> <div>Phone/email</div>		<input type="checkbox"/> Not received vaccine <input type="checkbox"/> Received vaccine <div>Vaccination dates:</div> <div>Dose #1:</div> <div>Dose #2:</div> <div>Product:</div>					

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