Use this form to record the individuals that you come in close contact with throughout the day. A “[*close contact*](https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact)” is defined by CDC as:

* You were within 6 feet of someone who has COVID-19 for a total of 15 minutes or more in a day
* You provided care at home to someone who is sick with COVID-19
* You had direct physical contact with the person (hugged or kissed them)
* You shared eating or drinking utensils
* They sneezed, coughed, or somehow got respiratory droplets on you

If you or a person that you had close contact with is later diagnosed with COVID-19, you may need to quarantine. In the event of a positive COVID-19 diagnosis in the workplace, this information may be used to help contact tracing personnel to identify potentially exposed individuals.

Please retain these forms for 15 days, then discard.

ANR Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Name | Contact information  (phone or e-mail) | Location / other notes |
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