

**PLEASE RETURN THIS WORKSHEET AS SOON AS POSSIBLE TO: : DOHCOVIDDaycare@state.sd.us.**


**COMPLETE SHEET 1 ON POSITIVE CASE, COMPLETE SHEET 2 FOR CONTACTS**

**COMPANY/FACILITY INFORMATION**

Person Completing Form:	
Phone Number of Person Completing Form:	
Email of Person Completing Form:	
Phone number:	
Company/Facility Name:	
Company/Facility Address:	

**POSITIVE CASE INFORMATION**

First Name:	
Last Name:	
Date of Birth:	
Address	
Apt#/Lot#/P.O. Box#	
City	
State	
Zip Code	
County	
Country	
Phone Number 1	
Phone Number 2	
E-Mail Address	
Date Last at Work or Facility	
Job Title/Position with the Facility	
Was this person in contact with people at this facility that cannot be identified?	



**INSTRUCTIONS FOR THIS WORKBOOK**

- There are two sheets to this workbook.
- 1) Information on the positive person is on the first sheet of hte workbook, labled "Postitive Patient".
  - 2) Close contacts to the positive case are to be listed on the second sheet of this workbook, labled "Close Contacts".
  - 3) There are several columns, it will require scrolling.
  - 4) Both sheets need to be filled out fo rthe information to upload to the Department of Health system correctly.
  - 5) Please complete this workbook and return to the Dept. of Health Investigator as soon as possible.

Location of exposure should be specific. Ex. lunch room, breakroom, etc.

Formatting:

- 1) Column entries are mapped to fields in the Deparment of Health system. DO NOT change what the columns are used for.
- 2) Phone numbers need to be in (###) ###-#### format
- 3) Dates need to be in ##/##/#### format
- 4) Cities need spelled out (Rapid City, not RC)

List only close contacts on Sheet 2. **ANYONE LISTED ON THE CONTACT SHEET OF THIS WORKBOOK WILL BE CONTACTED AND TOLD TO QU**

**CLOSE CONTACT:**

- 1) Close contact has been within 6 feet for >15 minutes
- 2) OR has had direct contact with sick person's respiratory secretions (directly coughed/sneezed on)

NOTES YOU WANT TO SHARE:

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QUARANTINE.
