

Form: SARS-CoV-2 Exposure

Log Page #: _____

Household Exposure

At the time of, or just before, their positive SARS-CoV-2 test, did the participant live with any other individuals in their household? Yes
No

If "Yes", please provide the below information for all individuals in the participant's household

Age _____ Fixed Unit: yrs

Did the household member have confirmed SARS-CoV-2 infection by a laboratory test? Yes
No

If "Yes", was the laboratory test performed prior to the study participant's symptoms or test results? Yes
No

Did the household member develop symptoms consistent with COVID-19? Yes
No

If "Yes", did the symptoms develop before the study participant's symptoms or test results? Yes
No

Other Exposure

What is the participant's OSHA risk of occupational exposure? Lower exposure risk
Medium exposure risk
High exposure risk
Very high exposure risk
Not applicable

Does the participant have regular exposure to young children (<5 years old)? Yes
No

Did the participant have exposure to any other individuals with confirmed SARS-CoV-2 infection or COVID-19 outside the home setting? Yes
No

If "No", end of form.

Date of last contact with individual _____

Exposure description (max. 200 characters): _____