

**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 person 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 person 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): \_\_\_\_\_