

City of Middletown Health Department- Contact Tracing COVID-19

This Section is for your School or Business Information
 Fill in the below information with the name/address/phone and fax of your school or business.

Date:	School/Business Name & Contact Name & Phone:
School/Business Address:	
School/Business Phone & Fax :	

This Section is for your Positive Case's Information
 Fill in the below information with the name/address/phone/date of birth and date of positive result for your positive case.
If Positive Case is a MINOR, include PARENT OR GUARDIAN name.

Positive Case Name:		Positive Case Phone:
Positive Case Address:		Positive Case Date of Birth:
Positive Case Date of Positive Result:	Positive Case's Last Day @ School/Work:	Positive Case's Grade/Job/Title:

This Section is for your Contacts of your Positive Case Listed Above
 Fill in the below information for any CO-WORKER or CLASSMATE of your positive case that had exposure to the positive case within 48hrs of notification of the positive result.
If Positive Case is a MINOR, include PARENT OR GUARDIAN name.

1. Co-worker/Classmate Name:		Co-worker/Classmate Date of Birth:
Co-worker/Classmate Address:	Co-worker/Classmate Phone:	Positive Case's Grade/Job/Title:
Describe the nature of the contact (activity/duration):		

2. Co-worker/Classmate Name:		Co-worker/Classmate Date of Birth:
Co-worker/Classmate Address:	Co-worker/Classmate Phone:	Positive Case's Grade/Job/Title:
Describe the nature of the contact (activity/duration):		

3. Co-worker/Classmate Name:		Co-worker/Classmate Date of Birth:
Co-worker/Classmate Address:	Co-worker/Classmate Phone:	Positive Case's Grade/Job/Title:
Describe the nature of the contact (activity/duration):		

4. Co-worker/Classmate Name:		Co-worker/Classmate Date of Birth:
Co-worker/Classmate Address:	Co-worker/Classmate Phone:	Positive Case's Grade/Job/Title:
Describe the nature of the contact (activity/duration):		

5. Co-worker/Classmate Name:		Co-worker/Classmate Date of Birth:
Co-worker/Classmate Address:	Co-worker/Classmate Phone:	Positive Case's Grade/Job/Title:
Describe the nature of the contact (activity/duration):		

6. Co-worker/Classmate Name:		Co-worker/Classmate Date of Birth:
Co-worker/Classmate Address:	Co-worker/Classmate Phone:	Positive Case's Grade/Job/Title:
Describe the nature of the contact (activity/duration):		

***All information provided is HIPPA protected. Please include current contact information phone/address of all contacts.**