



Lancaster School District

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LAST DAY ON SITE: _____

CONTACT TRACING (COVID-19 QUESTIONNAIRE)

Supervisors, please **COMPLETE** this form immediately for any employee who indicates they are showing symptoms of COVID or who reports a positive test result. **DATE and SUBMIT** this form to HRS if and when results are positive. **Additionally, submit this form if an employee is a close contact of a student who has tested positive.**

Admin/Supervisor completing form: _____ Date: _____

Employee's Name: _____ Position: _____ Site: _____

FULLY VACCINATED **YES** **NO** Date of first signs of symptoms: _____

Check one: Pfizer Moderna , J&J Dates of Vaccination: _____

Booster: **YES** **NO** Date of Booster Vaccination: _____

The positive person is a student, NOT an employee (CHECK BOX)

Complete this form within 24 hours and send to HRS (Penny or Gen) IMMEDIATELY:

COVID-19+ (positive) CASE: An employee/person who tests positive for COVID-19

CLOSE CONTACT: Anyone who is within 6 feet of a COVID-19+ CASE for more than 15 minutes, with or without a mask, within a 24-hour period.

SUBMIT this Contact Tracing form for each COVID-19+ CASE and employees who are a close contact of a student.

(PLEASE CHECK BOX) if **NO CLOSE CONTACT(S)**

Close Contact (names)	Site	Contact Date	Symptomatic Yes or No	Fully Vaccinated Yes or No	Action Taken

Please ask all questions below to the employee:

QUESTIONS:	Yes	No
1. Were you in contact with COVID-19+ CASE 48 hours prior to the employee having a positive test or feeling symptomatic?		
2. Were you within six (6) feet of the COVID-19+ CASE for more than 15 minutes?		

New requirements: Day 0 – Exposure; Day 1 – Day after exposure; After Day 5 or more, you may take a COVID *ANTIGEN TEST; if NEGATIVE (please provide results). HRS will notify you if you may return to work the next day, as long as you have been fever-free for 24 hours and symptoms have improved. NO TEST – you must remain out for 10 calendar days. You may return to work after the 10 days as long as you have been fever-free for 24 hours and symptoms have improved. ***Must provide a picture of Antigen Box if it is over the counter test and results of test.**

Forward results to HRS ASAP upon receipt from CLOSE CONTACT(S)

Information below to be completed by HRS:

Date test results received at the site: _____ Date able to return to work: 10 days=_____ 5 days=_____

Form received in HRS: _____

Updated: 01/11/2022