

## Pax COVID-19 Contact Trace Questionnaire

Name: \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_

Date of Symptoms or  
 Positive Test Result: \_\_\_\_\_  
 Date Form Completed: \_\_\_\_\_

1) Up to 2 full days before symptoms appeared **OR** receiving a positive COVID-19 test, please indicate the areas of the plant you visited (work areas, break rooms, restrooms, meeting rooms, etc.). Please indicate the approximate time spent at each area.

2) Up to 2 full days before symptoms appeared **OR** receiving a positive COVID-19 test, please indicate the names of individuals with whom you were in close contact (within 6 feet for more than 15 minutes, or as currently recommended by CDC for contact trace). This includes any visitors as well as any contacts you may have had during company related travel (training, customers, suppliers, etc.). Note the duration of time spent in close contact as well as if a mask was being worn by you or the close contact listed.

3) Up to 2 full days before symptoms appeared **OR** receiving a positive COVID-19 test, please indicate the names of individuals who may have come into close contact (6 ft.) while sneezing or coughing. Note if a mask was being worn by you or the close contact listed.

4) Is there any additional information we should be aware of regarding your diagnosis, contacts or additional comments?

Completed by: \_\_\_\_\_

Date Form Completed: \_\_\_\_\_

Rec. by HR: \_\_\_\_\_

Please contact HR and Emergency Management Team upon completion.