Patient Initials: **Contact with Person Under Investigation: COVID-19**

Patient MRN: **Record the following for anyone who had contact with the patient within 3 feet.**

Name/Job position	Email	Date	Time In	Time Out	Type of mask worn			Eye protection		Gown On	Gloves On
					PAPR	N95	Standard	Goggles	Face Shield		
										Y / N	Y / N
										Y / N	Y / N
										Y / N	Y / N
										Y / N	Y / N
										Y / N	Y / N
										Y / N	Y / N
										Y / N	Y / N
										Y / N	Y / N
										Y / N	Y / N
										Y / N	Y / N
										Y / N	Y / N