UPMC COVID-19 Close Contact Checklist



If you were diagnosed with COVID-19 The Pennsylvania Department of Health needs your help.

Please make a list of everyone you have had close contact with, then contact them to let them know they should self-isolate. This list should include family members, friends, doctor's office staff or anyone else who was closer to you than 6 feet. This list should include those in contact with you for two days before you had symptoms.

Ask those close contacts on your list to self-isolate at home for **14 days** from their last contact with you. For example, if your close contact saw you 8 days ago, they would remain in isolation for the next 6 days. If a close contact develops symptoms during their isolation, they should contact their doctor to see if they should be tested or if they should continue to self-isolate at home.

Someone from the State or the Department of Health may call you to ask for this information. Please keep this checklist nearby so that you can readily answer their questions.

Next Steps: Enter the following information, list your contacts and then notify them.

1.	Date you started to feel sick:
2.	Date two days before you started to feel sick:
3.	Date you went into isolation:
4.	Earliest date of the dates on line 2 and line 3:
	Think back to what you did and who you were in close contact with between today and the date or
	line 4. Write down those contacts on the list below. Contact them to tell them you have COVID-19
_	If you want to a doctor's office and you don't remember the name of the staff that took

- 5. If you went to a doctor's office and you don't remember the name of the staff that took care of you, call the doctor's office to let them know.
- **6.** Contact your workplace and let them know.

Date of Contact	Name (Person OR Facility)	Contact Information	Call Result (left voicemail, spoke to person, etc.)

Name (Person OR Facility)	Contact Information	Call Result (left voicemail, spoke to person, etc.)
	Facility)	Facility) Information

