



Lancaster School District

44711 NORTH CEDAR AVENUE, LANCASTER, CALIFORNIA 93534-3210 (661) 948-4661
Fax (661) 942-9452
TDD/Voice (661) 948-4661 x100

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 the results are positive. **Additionally, submit this form if an employee is a close contact with a student who has tested positive.**

Admin/Supervisor completing form: _____ Date: _____
Employee's Name: _____ Position: _____ Site: _____

Does the employee have a Fever? YES NO

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

Date of positive test: _____

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 it to HRS (Caralena-Certificated or Shelby-Classified) IMMEDIATELY:

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

CLOSE CONTACT: Anyone who is within the same shared indoor airspace of a COVID-19+ CASE for 15 minutes or more, with or without a mask, over 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 list any additional names on a separate page.

Please ask all questions below to the employee:

QUESTIONS:	Yes	No
1. Were you in contact with COVID-19+ CASE 48 hours before having a positive test or feeling symptomatic?		
2. Were you within the same indoor air space of the COVID-19+ CASE for more than 15 minutes?		

New requirements:

The symptomatic individual be must isolated for at least 24 hours without the use of fever-reducing medications. The COVID symptoms should be mild and improving. Employees are required to mask days 1-10.

***Must provide a picture of the Antigen Box if it is an over-the-counter test and the results of the 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: _____

Form received in HRS: _____

Updated: 01/29/2024