

CONTACT INFORMATION SHEET

If you have worked in the office please complete this sheet at the end of your work day and send to Human Resources. This is important to assist us in ensuring that we know of all contacts and potential exposures.

Employee: _____

Work Location: _____ Date at Work: _____

Other employees with whom you had contact (within 6 feet and longer than 15 minutes):

1.	2.
3.	4.
5.	6.
7.	8.
9.	10.

Locations where you were during your shift:

Client Contacts, if any:

1.	2.
3.	4.
5.	6.
7.	8.
9.	10.