A close up of a sign

Description automatically generated

**Verification of Close Contact**

Date:

**Does this individual meet the Closed Contact Definition?**

* Yes No

Campus/Dept.:

Employee/Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please Print)

Employee/Student ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We are conducting contact tracing for screening purposes. The first thing that needs to be completed is to verify that you were in **close contact.** Please answer the following questions:

Please check the appropriate box:

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | **Description** |
|  |  | Directly exposed to infectious secretions (e.g., being coughed on); or |
|  |  | Were you within 6 feet for a total of approximately 15 minutes throughout the course of a day; however, additional factors like case/contact masking, ventilation, presence of dividers, and case symptomology may affect this determination. \* |

*\*Texas Education Agency, Public Health Planning Guidance, page 9*

If you responded **no** to both questions above, you **do not meet the definition of Close Contact** and do **NOT** need to test. However, if you have symptoms or would like to get tested, BISD will honor your request. A negative test will allow you to **continue to be at work** or **continue in school without interruption.** If you begin to experience any of the COVID-19 symptoms in a way that is not typical, we encourage you to contact your physician and Monica De La Garza, Human Resources Dept.

*If you* ***answered yes****, based on the data our offices received*, you:

* Staff needs to notify the Human Resources Office.
* Staff with questions on Leaves and Absences, refer them to the Human Resources Office.
* If you are experiencing symptoms, you are encouraged to see your doctor.
* You have **COMPLETED** the **INCUBATION** period and are eligible to test in the district.

Employee Signature: Date

Campus/Department Rapid Test Designee scans and emails this form to [COVID19@bisd.us](mailto:COVID19@bisd.us).

*BISD does not discriminate on the basis of race, color, national origin, gender, religion, age, disability or genetic information in employment or provision of services, programs or activities.*

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