

**Verification of Close Contact**

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

* Yes No

Date:

Campus/Dept.:

Employee Name and ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­

­­­ (Please Print)­

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** that may affect this determination. |
|   |   | ***Has the Employee been fully vaccinated with a covid-19 vaccine (Moderna, Pfizer, Johnson & Johnson)?*** |
|   |   | ***Do Not wish to Disclose Vaccination Status*** |

If you responded **no** to the first two questions above, you **do not meet the definition of Close Contact** and do **NOT** need to test. Also, if your vaccinated you do not need to test. However, if you have symptoms or would like to get tested, BISD will honor your request. 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.

Employee Signature: Date

Campus/Department Rapid Test Designee scans and emails this form to 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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