Self-Report of Being Designated a COVID-19 Close Contact Outside of School
HR Report form

Employee Name: _____ Employee ID_____ School/location: _____
Address: _____TOWN _____
Phone(s) #: _____Position: _____
Date Employee was last in a SPS Building: _____ /_____/_____

Exposure:

☐I am the required caretaker of a designated close contact. *__Submit a copy of the close contact letter from DPH. Quarantine details section not required.__

- Caretaker for: _____ from Date: _____ to Date_____
- Relation: _____

☐Exposed to a **confirmed** positive COVID19 case in the community. Provide the following exposure details:

- WHEN:
  - Are you able to stop having close contact to the positive case? ☐YES ☐NO
    - If **NO**, you will need to quarantine throughout the isolation period of positive case and after their 10th day [Date:__/___/_____], considered last date of exposure, you continue quarantining following a return-to-work protocol listed below. ***Traditional protocol recommended**
    - If **YES**, date of last close contact ___/ ___/ ____.
  - Are you the caretaker to this positive case? ☐YES ☐NO
- WHERE was the employee exposed to the confirmed case? □ In the home □ In the community- Massachusetts □ Out of Massachusetts Description(s): _____
- Notification: Were you notified by the Department of Health/ Local Board of Health?

  ☐YES- *__Submit a copy of the close contact letter from DPH.__

  ☐NO - I designated myself at this time. *__Contact your local board of health/ town manager/ city hall for verification and to obtain documentation.__

Quarantine Details:

Close contacts: *individuals who have been within 6 feet of a COVID-19 positive individual while indoors, for at least 15 minutes during a 24-hour period. (Please note that the at-risk exposure time begins 48 hours prior to symptom onset (or time of positive test if asymptomatic) and continues until the time the COVID-19 positive individual is isolated.)*

Exclusions:

- People who have been **fully vaccinated** (If vaccinated and develop symptoms need to self-quarantine and get tested)
- People who were **previously diagnosed with COVID-19** within the last three months (90 days) and recovered do not have to quarantine or get tested again as long as they do not develop new symptoms.

I do NOT need to quarantine:

☐ Asymptomatic Fully Vaccinated for COVID19: 1st shot (or J&J dose): _____ 2nd shot: _____
Booster: _____ ***Send copy of Vaccination record**

***Vaccination Status impacts Covid Leave Pay, please confirm status by sending card*

- Recommended to obtain test on day 5 or later from date of last close contact. ***__If tested, submit result to HR__**

☐ Covid positive within the last 90 days and asymptomatic- Date of positive test_____ *__Attach copy of test result__

****Email to principal/supervisor and HR hrffcra@springfieldpublicschools.com** *updated 11/23/21*

Quarantine plan (If NOT excluded from above) to return to work:

☐ Recommended traditional protocol:
Obtain PCR test on/after day 5 of last contact. DATE PCR scheduled: ___/ __/ ___
*May return to work on 8th day _____ /___/ ___ with negative COVID test and asymptomatic ***Send copy of test once obtained to HR mailbox**

☐ Alternative protocol:
10 Day Quarantine-Not receiving COVID testing- Expected Return to School Beginning This Date: __/__/____

Traditional protocol *Recommended	**Alternate protocol (Choose NOT to receive a COVID test)**
Duration: Quarantine is at least 7 days from the date of exposure Return to School: After 7 days, **returning on day 8**, provided they: • Receive a **COVID test on day 5** or later and receive a negative result • Remain asymptomatic • Conduct active monitoring for symptoms through day 14, and self-isolate if symptoms develop	Duration: Quarantine is at least 10 days from the date of exposure Return to School: After 10 days, **returning on day 11**, provided they: • Have not experienced symptoms up to this point • Conduct active monitoring for symptoms through day 14 and self-isolate if symptoms develop.

Employee Signature_____ Notification Date: __/__/_