

FACILITY NAME/Full Case Name/DOC #

Indicate Mapping Dates here: (Identified by IPN/ICP: 48 hours prior to symptoms)

#	Employee	Date Contact Made	Exposure Date(s) with I/I	1. Were you within 6 feet of the I/I for 10 consecutive minutes or more? If yes or unsure, include contact number		2. Were you wearing PPE? If yes, what PPE does that include? (example, N95, face covering, gloves.) Include PPE Details		Refer to ONC? Y/N
				NOTE: All Staff who answer yes or unsure to question 1 must be referred to ONC, to verify proximity and PPE.				
<p>Ex Summary: On 07/3/20 at approximately 1252 hours, #123456 BROWNSTONE, Robert Daniel, Age 54, was assessed for COVID – 19 symptoms and placed into IMU isolation. Symptom onset was 07/1/20. Mapping is from 06/29/20 – 07/3/20. Symptoms include: Cough and shortness of breath. Housing: MSU, Unit B, B112 Work location: Porter I/I was tested for COVID-19 on 7/3/20, result not yet returned, currently Suspected case.</p> <p>Notifications have been made to Occ Health and Wellness (OHWU), IPN, HCM, Shift Lt., Duty Officer, FMD , DOCCOVID19Cases email box.</p>								
Ex	Mickey Mouse	7/4/20	6/29/20, 6/30/20	Unsure	Comments: Can't remember, possibly 20 minutes. Number: 253-123-4567	Yes	PPE: Homemade cloth face covering.	Yes
Ex	Daffy Duck	7/5/20	7/3/20	Yes	Comments: Yes. At least 15 minutes. Number: 425-123-4567	Yes	PPE: Surgical mask, gloves.	Yes
Summary:								
1					Comments: Number:		PPE:	
2					Comments: Number:		PPE:	
3					Comments: Number:		PPE:	
4					Comments: Number:		PPE:	
5					Comments: Number:		PPE:	
6					Comments: Number:		PPE:	

FACILITY NAME/Full Case Name/DOC #

Indicate Mapping Dates here: (Identified by IPN/ICP: 48 hours prior to symptoms)

#	Employee	Date Contact Made	Exposure Date(s) with I/I	1. Were you within 6 feet of the I/I for 10 consecutive minutes or more? If yes or unsure, include contact number		2. Were you wearing PPE? If yes, what PPE does that include? (example, N95, face covering, gloves.) Include PPE Details		Refer to ONC? Y/N
				NOTE: All Staff who answer yes or unsure to question 1 must be referred to ONC, to verify proximity and PPE.				
<p>Ex Summary: On 07/3/20 at approximately 1252 hours, #123456 BROWNSTONE, Robert Daniel, Age 54, was assessed for COVID – 19 symptoms and placed into IMU isolation. Symptom onset was 07/1/20. Mapping is from 06/29/20 – 07/3/20. Symptoms include: Cough and shortness of breath. Housing: MSU, Unit B, B112 Work location: Porter I/I was tested for COVID-19 on 7/3/20, result not yet returned, currently Suspected case.</p> <p>Notifications have been made to Occ Health and Wellness (OHWU), IPN, HCM, Shift Lt., Duty Officer, FMD , DOCCOVID19Cases email box.</p>								
Ex	Mickey Mouse	7/4/20	6/29/20, 6/30/20	Unsure	Comments: Can't remember, possibly 20 minutes. Number: 253-123-4567	Yes	PPE: Homemade cloth face covering.	Yes
Ex	Daffy Duck	7/5/20	7/3/20	Yes	Comments: Yes. At least 15 minutes. Number: 425-123-4567	Yes	PPE: Surgical mask, gloves.	Yes
7					Comments: Number:		PPE:	
8					Comments: Number:		PPE:	
9					Comments: Number:		PPE:	
10					Comments: Number:		PPE:	
11					Comments: Number:		PPE:	
12					Comments: Number:		PPE:	
13					Comments: Number:		PPE:	

FACILITY NAME/Full Case Name/DOC #

Indicate Mapping Dates here: (Identified by IPN/ICP: 48 hours prior to symptoms)

#	Employee	Date Contact Made	Exposure Date(s) with I/I	1. Were you within 6 feet of the I/I for 10 consecutive minutes or more? If yes or unsure, include contact number		2. Were you wearing PPE? If yes, what PPE does that include? (example, N95, face covering, gloves.) Include PPE Details		Refer to ONC? Y/N
				NOTE: All Staff who answer yes or unsure to question 1 must be referred to ONC, to verify proximity and PPE.				
<p>Ex Summary: On 07/3/20 at approximately 1252 hours, #123456 BROWNSTONE, Robert Daniel, Age 54, was assessed for COVID – 19 symptoms and placed into IMU isolation. Symptom onset was 07/1/20. Mapping is from 06/29/20 – 07/3/20. Symptoms include: Cough and shortness of breath. Housing: MSU, Unit B, B112 Work location: Porter I/I was tested for COVID-19 on 7/3/20, result not yet returned, currently Suspected case.</p> <p>Notifications have been made to Occ Health and Wellness (OHWU), IPN, HCM, Shift Lt., Duty Officer, FMD , DOCCOVID19Cases email box.</p>								
Ex	Mickey Mouse	7/4/20	6/29/20, 6/30/20	Unsure	Comments: Can't remember, possibly 20 minutes. Number: 253-123-4567	Yes	PPE: Homemade cloth face covering.	Yes
Ex	Daffy Duck	7/5/20	7/3/20	Yes	Comments: Yes. At least 15 minutes. Number: 425-123-4567	Yes	PPE: Surgical mask, gloves.	Yes
14					Comments: Number:		PPE:	
15					Comments: Number:		PPE:	
16					Comments: Number:		PPE:	
17					Comments: Number:		PPE:	
18					Comments: Number:		PPE:	
19					Comments: Number:		PPE:	
20					Comments: Number:		PPE:	

FACILITY NAME/Full Case Name/DOC #

Indicate Mapping Dates here: (Identified by IPN/ICP: 48 hours prior to symptoms)

#	Employee	Date Contact Made	Exposure Date(s) with I/I	1. Were you within 6 feet of the I/I for 10 consecutive minutes or more? If yes or unsure, include contact number		2. Were you wearing PPE? If yes, what PPE does that include? (example, N95, face covering, gloves.) Include PPE Details		Refer to ONC? Y/N
				NOTE: All Staff who answer yes or unsure to question 1 must be referred to ONC, to verify proximity and PPE.				
<p>Ex Summary: On 07/3/20 at approximately 1252 hours, #123456 BROWNSTONE, Robert Daniel, Age 54, was assessed for COVID – 19 symptoms and placed into IMU isolation. Symptom onset was 07/1/20. Mapping is from 06/29/20 – 07/3/20. Symptoms include: Cough and shortness of breath. Housing: MSU, Unit B, B112 Work location: Porter I/I was tested for COVID-19 on 7/3/20, result not yet returned, currently Suspected case.</p> <p>Notifications have been made to Occ Health and Wellness (OHWU), IPN, HCM, Shift Lt., Duty Officer, FMD , DOCCOVID19Cases email box.</p>								
Ex	Mickey Mouse	7/4/20	6/29/20, 6/30/20	Unsure	Comments: Can't remember, possibly 20 minutes. Number: 253-123-4567	Yes	PPE: Homemade cloth face covering.	Yes
Ex	Daffy Duck	7/5/20	7/3/20	Yes	Comments: Yes. At least 15 minutes. Number: 425-123-4567	Yes	PPE: Surgical mask, gloves.	Yes
21					Comments: Number:		PPE:	
22					Comments: Number:		PPE:	
23					Comments: Number:		PPE:	
24					Comments: Number:		PPE:	
25					Comments: Number:		PPE:	
26					Comments: Number:		PPE:	
27					Comments: Number:		PPE:	

FACILITY NAME/Full Case Name/DOC #

Indicate Mapping Dates here: (Identified by IPN/ICP: 48 hours prior to symptoms)

#	Employee	Date Contact Made	Exposure Date(s) with I/I	1. Were you within 6 feet of the I/I for 10 consecutive minutes or more? If yes or unsure, include contact number		2. Were you wearing PPE? If yes, what PPE does that include? (example, N95, face covering, gloves.) Include PPE Details		Refer to ONC? Y/N
				NOTE: All Staff who answer yes or unsure to question 1 must be referred to ONC, to verify proximity and PPE.				
<p>Ex Summary: On 07/3/20 at approximately 1252 hours, #123456 BROWNSTONE, Robert Daniel, Age 54, was assessed for COVID – 19 symptoms and placed into IMU isolation. Symptom onset was 07/1/20. Mapping is from 06/29/20 – 07/3/20. Symptoms include: Cough and shortness of breath. Housing: MSU, Unit B, B112 Work location: Porter I/I was tested for COVID-19 on 7/3/20, result not yet returned, currently Suspected case.</p> <p>Notifications have been made to Occ Health and Wellness (OHWU), IPN, HCM, Shift Lt., Duty Officer, FMD , DOCCOVID19Cases email box.</p>								
Ex	Mickey Mouse	7/4/20	6/29/20, 6/30/20	Unsure	Comments: Can't remember, possibly 20 minutes. Number: 253-123-4567	Yes	PPE: Homemade cloth face covering.	Yes
Ex	Daffy Duck	7/5/20	7/3/20	Yes	Comments: Yes. At least 15 minutes. Number: 425-123-4567	Yes	PPE: Surgical mask, gloves.	Yes
28					Comments: Number:		PPE:	
29					Comments: Number:		PPE:	
30					Comments: Number:		PPE:	
31					Comments: Number:		PPE:	
32					Comments: Number:		PPE:	
33					Comments: Number:		PPE:	
34					Comments: Number:		PPE:	

FACILITY NAME/Full Case Name/DOC #

Indicate Mapping Dates here: (Identified by IPN/ICP: 48 hours prior to symptoms)

#	Employee	Date Contact Made	Exposure Date(s) with I/I	1. Were you within 6 feet of the I/I for 10 consecutive minutes or more? If yes or unsure, include contact number		2. Were you wearing PPE? If yes, what PPE does that include? (example, N95, face covering, gloves.) Include PPE Details		Refer to ONC? Y/N
				NOTE: All Staff who answer yes or unsure to question 1 must be referred to ONC, to verify proximity and PPE.				
<p>Ex Summary: On 07/3/20 at approximately 1252 hours, #123456 BROWNSTONE, Robert Daniel, Age 54, was assessed for COVID – 19 symptoms and placed into IMU isolation. Symptom onset was 07/1/20. Mapping is from 06/29/20 – 07/3/20. Symptoms include: Cough and shortness of breath. Housing: MSU, Unit B, B112 Work location: Porter I/I was tested for COVID-19 on 7/3/20, result not yet returned, currently Suspected case.</p> <p>Notifications have been made to Occ Health and Wellness (OHWU), IPN, HCM, Shift Lt., Duty Officer, FMD , DOCCOVID19Cases email box.</p>								
Ex	Mickey Mouse	7/4/20	6/29/20, 6/30/20	Unsure	Comments: Can't remember, possibly 20 minutes. Number: 253-123-4567	Yes	PPE: Homemade cloth face covering.	Yes
Ex	Daffy Duck	7/5/20	7/3/20	Yes	Comments: Yes. At least 15 minutes. Number: 425-123-4567	Yes	PPE: Surgical mask, gloves.	Yes
35					Comments: Number:		PPE:	
36					Comments: Number:		PPE:	
37					Comments: Number:		PPE:	
38					Comments: Number:		PPE:	
39					Comments: Number:		PPE:	
40					Comments: Number:		PPE:	
41					Comments: Number:		PPE:	

FACILITY NAME/Full Case Name/DOC #

Indicate Mapping Dates here: (Identified by IPN/ICP: 48 hours prior to symptoms)

#	Employee	Date Contact Made	Exposure Date(s) with I/I	1. Were you within 6 feet of the I/I for 10 consecutive minutes or more? If yes or unsure, include contact number		2. Were you wearing PPE? If yes, what PPE does that include? (example, N95, face covering, gloves.) Include PPE Details		Refer to ONC? Y/N
				NOTE: All Staff who answer yes or unsure to question 1 must be referred to ONC, to verify proximity and PPE.				
<p>Ex Summary: On 07/3/20 at approximately 1252 hours, #123456 BROWNSTONE, Robert Daniel, Age 54, was assessed for COVID – 19 symptoms and placed into IMU isolation. Symptom onset was 07/1/20. Mapping is from 06/29/20 – 07/3/20. Symptoms include: Cough and shortness of breath. Housing: MSU, Unit B, B112 Work location: Porter I/I was tested for COVID-19 on 7/3/20, result not yet returned, currently Suspected case.</p> <p>Notifications have been made to Occ Health and Wellness (OHWU), IPN, HCM, Shift Lt., Duty Officer, FMD , DOCCOVID19Cases email box.</p>								
Ex	Mickey Mouse	7/4/20	6/29/20, 6/30/20	Unsure	Comments: Can't remember, possibly 20 minutes. Number: 253-123-4567	Yes	PPE: Homemade cloth face covering.	Yes
Ex	Daffy Duck	7/5/20	7/3/20	Yes	Comments: Yes. At least 15 minutes. Number: 425-123-4567	Yes	PPE: Surgical mask, gloves.	Yes
42					Comments: Number:		PPE:	
43					Comments: Number:		PPE:	
44					Comments: Number:		PPE:	
45					Comments: Number:		PPE:	
46					Comments: Number:		PPE:	
47					Comments: Number:		PPE:	
48					Comments: Number:		PPE:	

FACILITY NAME/Full Case Name/DOC #

Indicate Mapping Dates here: (Identified by IPN/ICP: 48 hours prior to symptoms)

#	Employee	Date Contact Made	Exposure Date(s) with I/I	1. Were you within 6 feet of the I/I for 10 consecutive minutes or more? If yes or unsure, include contact number		2. Were you wearing PPE? If yes, what PPE does that include? (example, N95, face covering, gloves.) Include PPE Details		Refer to ONC? Y/N
				NOTE: All Staff who answer yes or unsure to question 1 must be referred to ONC, to verify proximity and PPE.				
<p>Ex Summary: On 07/3/20 at approximately 1252 hours, #123456 BROWNSTONE, Robert Daniel, Age 54, was assessed for COVID – 19 symptoms and placed into IMU isolation. Symptom onset was 07/1/20. Mapping is from 06/29/20 – 07/3/20. Symptoms include: Cough and shortness of breath. Housing: MSU, Unit B, B112 Work location: Porter I/I was tested for COVID-19 on 7/3/20, result not yet returned, currently Suspected case.</p> <p>Notifications have been made to Occ Health and Wellness (OHWU), IPN, HCM, Shift Lt., Duty Officer, FMD , DOCCOVID19Cases email box.</p>								
Ex	Mickey Mouse	7/4/20	6/29/20, 6/30/20	Unsure	Comments:	Yes	PPE:	Yes
					Number:			
Ex	Daffy Duck	7/5/20	7/3/20	Yes	Comments:	Yes	PPE:	Yes
					Number:			
49					Comments:		PPE:	
					Number:			
50					Comments:		PPE:	
					Number:			