

**Contact List for COVID-19 Contact Tracing**

This form is to be completed by UNM staff, faculty, students, contractors or other visitors working, learning or visiting in non-clinical settings who have been confirmed as positive for contracting SARS-COV-2, the virus that causes COVID-19. The information submitted on this form is used to accelerate and the Contact Tracing process to notify people sooner of their possible exposure and therefore to reduce additional spread of the virus.

Send the completed form to the UNM COVID-19 Coordinator – Carla Domenici at cprando@unm.edu and copy your supervisor.

**Submitter Name (first and last):**

**I am:** [ ]  Faculty [ ]  Staff [ ]  Student [ ]  Visitor to campus

**Email:**       **Phone:**

**Date of Submission:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Name (First and Last) | Phone | Email | Dates of Exposure | Location of Exposure | Were you wearing a mask? | Was the contact wearing a mask? |
| 1. |       |       |       |       |       | [ ]  Y [ ] N | [ ]  Y [ ] N |
| 2. |       |       |       |       |       | [ ]  Y [ ] N | [ ]  Y [ ] N |
| 3. |       |       |       |       |       | [ ]  Y [ ] N | [ ]  Y [ ] N |
| 4. |       |       |       |       |       | [ ]  Y [ ] N | [ ]  Y [ ] N |
| 5. |       |       |       |       |       | [ ]  Y [ ] N | [ ]  Y [ ] N |
| 6. |       |       |       |       |       | [ ]  Y [ ] N | [ ]  Y [ ] N |
| 7. |       |       |       |       |       | [ ]  Y [ ] N | [ ]  Y [ ] N |
| 8. |       |       |       |       |       | [ ]  Y [ ] N | [ ]  Y [ ] N |
| 9. |       |       |       |       |       | [ ]  Y [ ] N | [ ]  Y [ ] N |
| 10. |       |       |       |       |       | [ ]  Y [ ] N | [ ]  Y [ ] N |
| 11. |       |       |       |       |       | [ ]  Y [ ] N | [ ]  Y [ ] N |
| 12. |       |       |       |       |       | [ ]  Y [ ] N | [ ]  Y [ ] N |
| 13. |       |       |       |       |       | [ ]  Y [ ] N | [ ]  Y [ ] N |
| 14. |       |       |       |       |       | [ ]  Y [ ] N | [ ]  Y [ ] N |
| 15. |       |       |       |       |       | [ ]  Y [ ] N | [ ]  Y [ ] N |