

CLOSE CONTACT ACKNOWLEDGEMENT FORM

You have been identified as a close contact of a confirmed COVID-19 positive individual. You have indicated you have no COVID-19 related symptoms. Based on the Safer Federal Workforce Task Force and Centers for Disease Control and Prevention (CDC) guidance, you are required to take the following steps:

1. You must wear a high-quality mask (e.g. “procedural” or “surgical”) or may voluntarily choose to wear a respirator (e.g., N-95, KN-95, KF-94) while working indoors at an agency workplace or interacting indoors with members of the public in person as part of your official responsibilities as soon as possible after notification of exposure and continue to do so for ten (10) full calendar days from the date you were last known to have been exposed.

For purposes of calculating the ten (10) full calendar days, day zero (0) is the day of your last known exposure to someone with COVID-19, and day one (1) is the first full day after your last known exposure.

2. To the extent practicable, take [extra precautions](#), such as avoiding crowding and physically distancing from others, when you know you are around individuals who are [more likely to get very sick from COVID-19](#) while working onsite at an agency workplace or interacting with members of the public in person as part of your official responsibilities, for ten (10) full days from the date you were last known to have been exposed.
3. Watch for COVID-19 symptoms for ten (10) full days from the date you were last known to have been exposed.
4. Get tested at least five (5) full days after your last known exposure (ideally, on or after day six (6)). Provide confirmation of the results to your manager, to include when you took the test.

If the results are negative, you must continue to follow the protocols in #1, 2, and 3, above.

If your test results are positive, immediately contact your manager. You may refer to [Policy Bulletin #126, Returning to the Workplace After Identifying a Case of COVID-19 and Close Contacts](#), and any applicable labor agreements, for further information.

If you had tested positive for COVID-19 with a viral test within the previous thirty (30) days and subsequently recovered and remain without COVID-19 symptoms, then you do not need to get tested.

I acknowledge receipt of the above requirements.

Name: _____

Date: _____