

OCCUPATIONAL MEDICINE UNIT

CONTACT TRACING QUESTIONNAIRE FOR SARS-CoV-2 INFECTIONS

- Name and surname

- Date of Birth

- Sex (M/F)

- Occupation (physician, nurse, nurse aid, health technicians, student, post-graduate medical trainees, blue collar, clerk, academic staff/ tutor)

- Department (Covid-19 ward, medical, surgical; accident & emergency service; radiology & other hospital services; territorial health services /health care management; administrative services; academic teaching/clinical instruction units)

- COVID-19 vaccination status: number of doses, date of vaccination

- Date of PCR test positive for SARS-CoV-2

- Any contact (in the previous 14 days) with:
 - 1) COVID-19 patients (yes/no); with or without protective equipment (yes/no)
 - 2) colleagues positive for SARS-CoV-2, in the workplace (yes/no)
 - 3) close friends positive for SARS-CoV-2 (yes/no)
 - 4) housemates or household members positive for SARS-CoV-2 (yes/no)

- COVID-19 Symptoms: no/yes (specify)