













Your Weekly Self-Contact Tracing Form

Use this form to document your in-person contacts with people including their contact info, location of the meeting, and duration.







1








2













3













4











5










6







7







8







9







10

Notes:

Your Information:



Check Your Symptoms:

- Extreme difficulty breathing
- Severe pain in the chest
- Dizziness
- Fatigue
- Muscle ache
- Dry cough
- Fever
- Remember, discuss your symptoms with your physician

Protect yourself by:

