

Faculty and staff will complete this form to report Primary Exposure of self or students having had **“Direct Contact”** with someone showing COVID-19 symptoms, or an infected person who shows no symptoms, but has later tested positive for the coronavirus. This is considered exposure regardless of whether one or both parties were wearing a mask. This form should be submitted within 1-3 days of exposure to allow the school to take the necessary precautions.

Submitter Information					
(This section to be completed by faculty and staff only)					
First Name:		Last Name:		Date:	
Email:		Phone:		<input type="checkbox"/> Student <input type="checkbox"/> Staff	

Exposed Individual Information					
First Name:		Last Name:		Email:	
Home Phone:		Cell Phone:		Department:	
Learning/Work:	<input type="checkbox"/> Virtual Classes <input type="checkbox"/> Remote Work		<input type="checkbox"/> In-person classes <input type="checkbox"/> Work on Campus		<input type="checkbox"/> Hybrid
Date Last on Campus:		Which Campus:	<input type="checkbox"/> Glens <input type="checkbox"/> Warsaw <input type="checkbox"/> New Kent County <input type="checkbox"/> Kilmarnock <input type="checkbox"/> King George		
*Nursing Student:	<input type="checkbox"/> Yes <input type="checkbox"/> No	*Health Care Student:	<input type="checkbox"/> Yes <input type="checkbox"/> No	*Health Science Faculty:	<input type="checkbox"/> Yes <input type="checkbox"/> No

*x*Exposure wearing medical grade PPE: Health Care Students and Health Science Faculty exposed to COVID-19 positive patients should monitor symptoms, social distance, wash hands and wear masks while on campus. Upon the onset of symptoms, the student, or staff will be required to Self-isolate for 10 to 14 days.*

Exposure Information						
Are you fully Vaccinated:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> Johnson & Johnson	Date of 1 st Vaccination:		Date of 2 nd Vaccination:	
Did you have direct contact with someone who has “Tested Positive” for COVID-19 or considered a Presumptive case?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Exposure:		Did they have symptoms?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered “Yes” to having had direct contact with someone who has tested positive for covid-19 or is considered a presumptive case:

- No symptoms:** You will be required to self-quarantine. Stay home and limit interaction with others. Self-monitor. Check for fever or respiratory symptoms until 10 full days after last exposure, without fever.
- Yes symptoms:** You will be required to Self-isolate from 10 to 14 days, regardless of exposure or single test result. Self-monitor daily. It is recommended that you get a COVID-19 test within 3-5 days of exposure. Please be advised that incubation can take as long as 14 days.
- Vaccinated:** According to the CDC, there are three criteria that **must** be met before considering not requiring quarantining.
 - Fully-Vaccinated and two or more weeks since second dose in a two-dose series or two or more weeks since you have received a single-dose.
 - You are within three months of the last dose of a two dose vaccine or one dose of a single-dose vaccine.
 - Remain asymptomatic since your current COVID-19 exposure.

If a vaccinated person does not meet **all three criteria**, they will be required to self-quarantine for 7 days with a negative test or 10 days without symptoms and without the testing requirement.

Were you exposed to someone with “Only Symptoms” of COVID-19?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Exposure:		Has the person been tested for COVID-19?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If you answered “Yes” to having had Primary Exposure to someone considered a presumptive case (symptoms), and they have not been tested follow “2”.

Please provide details of where you were exposed? If you traveled outside the state of VA, please provide the dates of your travel and return.	
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