



Today's Date _____

COVID-19 Contact Trace Form for Ramstein Air Base

Revised Jan 2022

BASIC DEMOGRAPHICS

1.	Last Name	First Name		Rank/Status
2.	Age	Date of Birth (mm/dd/yy)		Gender
3.	DODID	Unit	Sponsor's Unit	School & Grade
4.	Type of Residence	Full Physical Address	Phone	Personal Email Address

COVID Questions

5.	Vaccination Status	Type of Vaccine	Date of 1 st Dose (mm/dd/yy)
6.	Reason for Testing	What Day Did You Test (mm/dd/yy)	Date of Positive Antigen Test (if applicable)
If you were symptomatic, what were your symptoms?			
First Date of Symptoms, if applicable (mm/dd/yy)		Official Date of Swab (mm/dd/yy)	
7.	In the last 48 hours prior to swab or date symptoms began (whichever comes first), did you attend any medical or dental appointments? Please specify if applicable. Yes No		
8.	In the last 48 hours prior to swab or date symptoms began (whichever comes first), did you attend any <i>non-medical</i> appointments? Please specify if applicable. Yes No		
9.	Where do you think you contracted COVID?		

CLOSE CONTACT QUESTIONS

Definition of a Close Contact: Must be around the person for more than 15 minutes, less than 6 feet apart, with or without mask. Close Contact period starts 48 hours prior to symptom start date or swab date. This also includes **ALL** household contacts.

10. Number of Close Contacts _____

INSTRUCTIONS: Please list all close contacts. Include any information you have for them (name, rank if applicable, phone number, email address, etc.). Please list all household contacts FIRST. Please do not include any school close contacts as those will be identified by Ramstein Public Health. If you are the parent or guardian of a school age COVID-19 positive person, please list if they have attended the Child Development Center or any School Age Centers on any of the military installations.

**If more than 7, additional space is located at the end of the form.*

Contact Person #1	Symptoms?	Last Date of Contact	Household Member	Vaccinated?
Phone				
Contact Person #2	Symptoms?	Last Date of Contact	Household Member	Vaccinated?
Phone				
Contact Person #3	Symptoms?	Last Date of Contact	Household Member	Vaccinated?
Phone				
Contact Person #4	Symptoms?	Last Date of Contact	Household Member	Vaccinated?
Phone				
Contact Person #5	Symptoms?	Last Date of Contact	Household Member	Vaccinated?
Phone				
Contact Person #6	Symptoms?	Last Date of Contact	Household Member	Vaccinated?
Phone				
Contact Person #7	Symptoms?	Last Date of Contact	Household Member	Vaccinated?
Phone				

CONTACT TRACING QUESTIONS

11.	When were you last at work or school? <small>(mm/dd/yy)</small>		
12.	In the last 14 days did you attend social gatherings? If yes, please explain the following:		
	Place	Date (mm/dd/yy)	Time
13.	In the last 14 days, did you travel outside of the Rhineland-Phalz area?		
	If yes, please specify the reason for travel, (leisure, TDY, deployment, etc.), where you went, how you got there (include plane, seat, and airport information if applicable), and dates of travel. Also include mission number if applicable.		
14.	Close Contacts/Additional Comments (add additional contacts and contact detail not listed above)		

Must enter a date in
"Today's Date" on page 1.