

COVID-19 CASE INTERVIEW SURVEY CHECKLIST



Make sure you have the following information available and ready when you begin the survey. After you begin you cannot save your responses and return to the survey later. [COVID-19 Case Investigation Survey](#)

For yourself:

- Contact Information (name, address, phone, birthdate, email)
- Testing location, type of test, date of test
- Name of work/school AND Occupation/Grade
- If you had/have symptoms, the date they began, the date they resolved (if applicable)
- List of Symptoms

For Your Close Contacts:

- First and last name
- Phone Number and email address
- If they are a household family member, a non household family member, a friend, co-worker or community member
- Date of last contact with you
- Age and Gender
- If they are a minor, a parent or guardians name

If you have questions or concerns regarding COVID-19 please call the Health Department at 989-895-4009 x6 and leave a message.

CLOSE CONTACTS: QUARANTINE INSTRUCTIONS

Start quarantining right away if you are told you are a close contact.

Stay home except to get medical care. Close contacts of a positive case (<6 feet, 15+ minutes in a 24 hour interval) need to quarantine for 14 days from your last contact to COVID+ person while they were considered contagious and monitor for symptoms. If you develop symptoms, get tested.

Please note that a negative test result does not shorten the quarantine period. If you remain free of symptoms, BCHD recommends delaying testing until either (a) you develop symptoms or (b) closer to the end of the quarantine period.