

# COVID-19 CONFIRMED CASE TRACKING LOG

Date Property Notified: \_\_\_\_\_ Date of Positive Results: \_\_\_\_\_

Notification Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Required Actions:**

Date Supervisor Notified: \_\_\_\_\_  Date Resident Notification Sent: \_\_\_\_\_  
 Date SecureCor Contacted: \_\_\_\_\_  Date Decontamination Performed: \_\_\_\_\_

Areas Decontaminated: \_\_\_\_\_

**Notify and provide a copy of Resident Notification letter to:**

Date Dept. of Health Notified \_\_\_\_\_ Name Notified \_\_\_\_\_  
 Date HUD/NJHMFA Notified \_\_\_\_\_ Name Notified \_\_\_\_\_  
 Date Responsible Agent Notified \_\_\_\_\_ Name Notified \_\_\_\_\_  
 Date Emergency Management Notified \_\_\_\_\_ Name Notified \_\_\_\_\_  
 Identify Others Notified (Date, Name, contact etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Status:  Quarantined  Isolation  Hospitalized

- Quarantine: individuals don't have symptoms but were exposed.
- Isolation: individuals who have tested positive and remain at home.

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The authorities are responsible for contacting any individuals with direct exposure, however if the tenant discloses individuals in this building, please make notations below.

**Total Number of Direct / Indirect Exposure**  (Additional pages attached)

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_ Exposure Date \_\_\_\_\_  
Circumstances \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Possible Direct or Indirect Exposure:**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_ Exposure Date \_\_\_\_\_  
Circumstances \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





**Possible Direct or Indirect Exposure:**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_ Exposure Date \_\_\_\_\_  
Circumstances \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Possible Direct or Indirect Exposure:**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_ Exposure Date \_\_\_\_\_  
Circumstances \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Possible Direct or Indirect Exposure:**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_ Exposure Date \_\_\_\_\_  
Circumstances \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Possible Direct or Indirect Exposure:**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_ Exposure Date \_\_\_\_\_  
Circumstances \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Possible Direct or Indirect Exposure:**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_ Exposure Date \_\_\_\_\_  
Circumstances \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_