Peoples Congregational United Church of Christ

4704 Thirteenth Street, NW, Washington, DC 20011

**CONTACT TRACING FORM**

If you are either diagnosed with Coronavirus or are experiencing Coronavirus symptoms,

please contact us. Should anyone with whom you come in contact with at our facility

be diagnosed with the Coronavirus, we will contact you immediately.

**This information is confidential**

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| --- | --- | --- | --- |
| **NAME** |  |  |  |
|  |  |  |  |
| First Name |  | Last Name |  |
|  |  |  |  |
| **Are you COVID-19 vaccinated?** (circle one) **YES / NO** |
|  |  |  |  |
| **EMAIL** |  |  |
|  |  |  |  |
| example@example.com |  |  |  |
|  |  |  |  |
| **HOME PHONE** |  |  |  |
|  |  |  |  |
| Area Code |  | Phone Number |  |
|  |  |  |  |
| **MOBILE PHONE** |  |  |  |
|  |  |  |  |
| Area Code |  | Phone Number |  |
|  |  |  |  |
| **ADDRESS** |  |  |  |
|  |  |  |  |
| Street |  |  |  |
|  |  |  |  |
|  |  |  |  |
| City, State |  | ZIP |  |