

FOR PRIMARY CONTACT

Name:-

Employee Code:-

Designation:-

Department:- MOBILE NO:

Contact person:-

Last day and place of contact:-

Address of quarantine:-

Home:-

Hostel:-

Contact by CRH COVID profiling Team:- Yes No

Whether declared high risk by Profiling team:- Yes No

Vaccination:- Dose – I

Dose – II

Booster

I have been contacted by the CRH COVID Team and have been explained all about the guidelines. I will abide by the protocol and will join when deemed fit by the monitoring team / treating doctor.