



COVID19 Risk Assessment of Employees and Students University of Peradeniya

- Name:.....
- Age.....
- Sex.....
- Faculty Department:
- Home Address:.....
- Mobile no:.....
- Name of the positive colleague with whom you had contact :.....
- Days of contact (during infectious period of the index case) :.....
- Date of last contact (during infectious period of the index case):.....

(infectious period - two days before sample collection for asymptomatic pts, three days before symptom onset for symptomatic pts)

- 1) Were you wearing a mask during all interactions with your colleague?
Yes/ No/Not sure
- 2) Was your colleague wearing a mask at all times during the interaction
Yes/ No/Not sure
- 3) Workspace
 - 3.1 Do you work in the same room (office/ lab/ workspace) as the index patient?
Yes/ No
 - 3.2 Is that shared work space air-conditioned?
Yes/ No
 - 3.3 Is that workspace poorly ventilated or crowded
Yes/ No
- 4) Did you share a meal or eat in the same table with the index patient at least once during the three days before his/her sample was collected (if asymptomatic) or within three days before symptom onset or during symptoms
Yes/ No/Not sure
- 5) Did you share water bottle/glasses/tea cups with the index case at least once during his/her infectious period (infectious period - three days before sample collection for asymptomatic pts, three days before symptom onset for symptomatic pts)
Yes/ No/Not sure
- 6) Did you share the same transport with the index patient during his/her infectious period at least once?
Yes/ No/Not sure



COVID19 Risk Assessment of Employees and Students University of Peradeniya

- 7) Did you exchange / share personal items (pens, phones, keys, books, etc.) that may be contaminated from the index case at least once during his/her infectious period
Yes/ No/Not sure
- 8) Do you think you were “exposed” to the index case during the infectious period by any other mode please indicate E.g Either of you without masks when chatting/talking for >15mins (longer durations), and with less than one meter distance, other interaction any physical contact, used bathroom in hostels at same time as index case?
Yes/ No/Not sure
- 9) Did you share a bedroom with index case during the infectious period or coming from same household?
Yes/ No
- 10) Gatherings
 - 10.1 Were you in a gathering (ex. Meeting/ class/ discussion/ practical) with the index case during the infectious period?
Yes/ No
 - 10.2 Was the room where the gathering was held filled to more than 50% of capacity
Yes/ No
 - 10.2 Was the room where the gathering was held air conditioned?
Yes/ No
 - 10.3 Was the room where the gathering was held poorly ventilated?
Yes/ No
 - 10.4 Was the gathering held for more than 15 mins
Yes/ No
- 11) Please describe your interactions with the colleague confirmed to have covid-19 in your own words
.....
- 12) Are you vaccinated against COVID-19? (Vaccinated - both doses of vaccine taken)
Yes- one dose
Yes- both doses
No
- 13) Are you taking treatment for any long term/any other illness?
Yes/ No
- 14) If Yes, please indicate the condition