

**Government of India**  
**Ministry of Health & Family Welfare**  
**Directorate General of Health Services**

**Format for Risk Assessment of Contacts of COVID-19 positive cases at Nirman Bhawan**

Please complete the format and send to drmegha1603@gmail.com and drsunny.mohfw@gmail.com

<b>1. Employee General information</b>	
A. Name :	B. Department
B. Mobile No.	D. Age                      E. Gender – M/F
F. Current place of stay (Address)	
G. Designation and current place of work at Nirman Bhawan	
<b>2. Employee Personal Hygiene details</b>	
A. Do you maintain social distancing at least one meter while walking or seating in office?	Yes / No
B. Do you wear face mask at all times while in office?	Yes / No
C. Do you avoid touching eyes, nose, and mouth with hand?	Yes / No
D. Do you follow Respiratory etiquettes like covering mouth and nose with a tissue while coughing or sneezing ?	Yes / No
E. Do you practice frequent hand washing with soap (for at least 20 seconds)/use alcohol-based hand sanitizers?	Yes / No
F. Are you aware of the office memorandum No. 2.280 I 5/1 7/2020-Estt.1 dated 3 <sup>rd</sup> June 2020 regarding precautionary measures to be followed by Officials/Staff of Ministry of Health and Family Welfare to contain spread of COVID-19?	Yes / No
<b>3. Exposure details</b>	
A. Date of exposure to confirmed COVID-19 positive case in Nirman Bhawan	
B. Place of Exposure:	
C. Do you share same room with the COVID-19 positive case?	Yes / No
D. Did you touch body fluid (respiratory tract secretions, blood, vomit, saliva, urine, faces etc.) of the case?	Yes / No
E. Were you wearing facemask at the time of contact in office?	Yes / No
F. Did you maintain 1 meter distance from the COVID-19 positive case ?	Yes / No
G. Duration of contact (minutes)	
H. Do you have ILI (Influenza like illness) symptoms?	Yes / No
I. Do you have SARI (Severe acute respiratory infection ) requiring hospitalization?	Yes / No

**Signature of the forwarding officer**

**Signature & Date**