

COVID-19 Illness Tracking Form for Employees Reporting Symptoms/Exposure

Revised July 27, 2020

Agency _____ Date of reporting _____

Employee Name _____ DOB _____

To be completed on any employee who reports symptom of illness:

SCREENING QUESTIONS

<p>1. Is employee experiencing signs or symptoms of a respiratory infection, such as fever (>100.4)), cough, shortness of breath, muscle or body aches, vomiting or diarrhea, and new loss of taste or smell, or sore throat?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>List symptoms experiencing:</p>	<p>If the answer to the question is YES, Employee to Self-Quarantine for 14 days at home, contact Primary Care Physician (PCP) and local health department as needed.</p> <ul style="list-style-type: none"> • Able to return to work once PCP provides clearance.
<p>2. In the last 14 days, has the employee had contact with someone with a confirmed diagnosis of COVID19 (coronavirus), or is under investigation for COVID19, or is ill with COVID19 like symptoms?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>If yes – provide details:</p>	<p>If exposed but no symptoms, self-monitor temp twice a day and watch for other symptoms.</p> <ul style="list-style-type: none"> • Can continue to work. Can wear a face mask as a precaution if supply readily available. <p>If exposed and experiencing symptoms, Employee to Self-Quarantine for 14 days at home, contact PCP and local health department as needed.</p> <ul style="list-style-type: none"> • Able to return to work once PCP provides clearance.
<p>Has the employee traveled internationally within the last 14 days to countries with sustained community transmission? For updated information on affected countries visit: https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>If yes – which country:</p> <p>What date did you return?</p>	<p>If the answer to the question is YES, contact local health department for recommendations.</p>
<p>Has the employee traveled within the last 14 days to U.S. states with sustained community transmission? For updated information on affected countries visit: https://www.cdc.gov/coronavirus/2019-ncov/travelers/</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>If yes – which state:</p> <p>What date did you return?</p>	<p>If the answer to the question is YES, contact local health department for recommendations.</p>

SCREENING QUESTIONS

Does the employee reside in a community where community-based spread of COVID-19 is occurring?

Yes

No

If yes – name of community:

If answer to the question is **YES**, but **no symptoms**, self-monitor temp twice a day and watch for other symptoms.

- Can continue to work.

If the answer to the question is **YES**, and **experiencing symptoms**, employee to Self-Quarantine for 14 days at home, contact PCP and local health department as needed.

- Able to return to work once PCP provides clearance.

NOTE: State mandates supercede these guidelines.

I. In order to return to work after any of the following: reporting symptoms, exposure to individuals with unknown COVID-19, exposure to colleagues positive for COVID-19 (including those not tested), employees must pass both A and B

- A. Symptom free for 3 full days and not taking any cough medicine, antipyretic, or cold relief medicine.
- B. Seven days since the first symptom appeared.
- C. Upon returning to work:
 - A. Staff who have no patient contact must wear a facemask for 7 days. If after 7 days the employee is asymptomatic, the requirement to wear a mask is removed.
 - B. Staff who have patient contact may return to work completing virtual visits for 7 days *. If at end of 7 days, the employee is asymptomatic, may visit patients but continue to wear a mask until COVID-19 local epidemic is cleared. *This helps protect our patients and staff who could be treating an undiagnosed COVID-19 patient.*

II. For staff who have tested positive for COVID-19, but no hospitalization **

- A. They must self-quarantine, with no work for two weeks.
- B. In order to return to work, they must follow protocol listed above in section I. ***

III. Reminders for all staff returning to work who are asymptomatic and have had exposure to positive or suspected COVID-19

- A. Wear facemask at work (office and patient contact)
- B. Monitor symptoms (flu-like, cold -like symptoms twice a day)
- C. Monitor for fever twice a day
- D. May discontinue mask after being fever free and asymptomatic for 14 days since last contact

* The current recommendation is 14 days symptom free.

** Testing is now reserved for severe symptoms.

*** Previous recommendation was two negative tests before cleared for work. But test kits are not widely available.

Plan of Action recommendations by Acting Occupational Health Physician: _____

Report completed by _____ Date _____

Acting Occupational Health Physician _____ Please forward copy to _____

For more information: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html>.