## Illness Evaluation_Potential Covid Exposure for Employees

Name_____ Phone number_____

Prog Names recently worked: _____

Prog mgr(s)_____Prog director(s)_____

Last shift worked (hours to and from)_____

Other staff working with you_____

Did you wear a mask at work     Y        N          Did you pass meds when ill?     Y          N

Did you social distance at work?   Y        N        Did you take your temp at work?        Y        N

Have you been sanitizing the home on your shift?          Y        N

When illness started_____

How long (sudden illness or ill a few days)_____

Symptoms_____

Are these symptoms unusual for you?    Y         N

Recent exposures/previous activity (did you attend large venues of more than 10 people, use mass transit,etc) _____

Has someone you have been in direct contact with tested positive for COVID?     Y        N

If so, how much time did you spend with them?_____

Did you wear a mask around them?    Y     N        Did you social distance from them?     Y        N

RISK LEVEL (high=no work/ medium=work with PPE/ low=no restrictions): _____

_____

_____

_____

_____

IF high risk, to return to work you must follow these steps and get nursing approval:

_____

_____

_____

Staff has tested for covid           Y     N                            3 days after test date contact:  Y      N

Expected date of results _____        Next date of contact_____

Test results:      Positive            Negative

Expected return to work date:_____Nursing signature to return to work: _____

_____Date_____