



COVID-19 ILLNESS INVESTIGATION FORM

GENERAL INFORMATION:

Report Date: \_\_\_\_\_

Project: \_\_\_\_\_

Project #: \_\_\_\_\_

Project Manager: \_\_\_\_\_

Superintendent: \_\_\_\_\_

EMPLOYEE INFORMATION:

Name (first, middle, & last): \_\_\_\_\_

Age: \_\_\_\_\_

Sex: \_\_\_\_\_

Date of Symptoms and/or Exposure: \_\_\_\_\_

City, State: \_\_\_\_\_

Job Title: \_\_\_\_\_

ILLNESS DETAILS:

Date Symptoms Started: \_\_\_\_\_

Date of Positive Test Result: \_\_\_\_\_

Under what process was the employee or case first identified? (check all that apply):

Clinical evaluation leading to employee determination:  Contract tracing of case patient:  Unknown:

Other, specify:  \_\_\_\_\_

During illness, what symptoms did employee experience? (check all that apply):

Fever >100.4F:  Subjective fever (felt feverish):  Chills:  Muscle aches:

Runny nose:  Nausea or vomiting:  Abdominal pain:  Headache:  Sore throat:

Cough:  Shortness of breath:

PRECAUTIONS TAKEN BY EMPLOYEE:

Was a physician seen or consulted? Yes:  No:  Did physician assign restricted work? Yes:  No:

If yes, please explain: \_\_\_\_\_

If yes, and employee is able to come back to work, manager must complete Temporary Assignment Form to identify restricted work.

Did physician assign days away from work? Yes:  No:  If yes, how many days: \_\_\_\_\_

INVESTIGATIVE EMPLOYEE QUESTIONS:

What physical places (outside of work) has the employee visited in the last 14 days?

Are any of the aforementioned locations inclusive of gatherings involving 10 or more people? Yes  No

Has the employee had any lengthy, close exposure to a customer or coworker who has tested positive for COVID-19?

Yes  No

If yes, who? \_\_\_\_\_

Was the employee the only worker to contract COVID-19 in the vicinity? Yes  No

If no, list others: \_\_\_\_\_



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Does the employee frequently associate with someone (i.e. family member, significant other, close friend, etc.) who:

- 1. Has COVID-19?      Yes       No
- 2. Exposes the employee during the period in which the individual is likely infectious?      Yes       No

Please describe any "Yes" Answers above from 1 or 2: \_\_\_\_\_

Is there any other alternative explanation not otherwise mentioned as to how the employee may have contracted COVID-19?    Yes       No

If yes, please explain: \_\_\_\_\_

**INVESTIGATIVE EMPLOYER QUESTIONS:**

Describe employee's work environment:

Did employee's job duties expose him/her to frequent, close exposure to the general public in a locality with ongoing community transmission?    Yes      No

If yes, please describe: \_\_\_\_\_

Can the employer determine whether it is more likely than not that exposure in the workplace played a role with respect to this case of COVID-19?    Yes      No

If yes, please explain:

Per CDC Guidelines, please answer the following:

- Were Social Distancing Guidelines being followed?    Yes     No
- Was Personal Protective Equipment (PPE) being properly worn?    Yes     No
- Did the employer have an Infection Control Plan in place?    Yes     No     Date of last revision: \_\_\_\_\_

Preliminarily, does the employer deem this case as "Work-Related" and plan to record on the OSHA 300 Log?    Yes     No

**PRECAUTIONS TAKEN BY COMPANY TO PREVENT SPREAD OF COVID-19**

*(include any recent interactions with other employees who tested positive or are suspected to be positive):*

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Management Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Follow up details/notes:

Follow Up Date: \_\_\_\_\_

Follow Up Signature: \_\_\_\_\_