

COVID-19 SYMPTOMATIC EMPLOYEE SCREENING FORM

You have been asked to electronically fill out this Symptomatic Employee Screening Form because you have reported experiencing symptoms, because you have reported being in close contact with a COVID-19 positive or symptomatic individual, or because you have tested positive for COVID-19. This form will be used solely for the purpose of evaluating the potential hazards presented to the office. If you are an employee, in compliance with the Americans with Disabilities Act, the Practice will keep the medical information contained within this form confidential, except if and limited to the extent that disclosure is permitted or required by law or you (or your authorized representative in the event of your incapacity) voluntarily authorize disclosure in writing.

Cleaning and Decontamination Evaluation

Please retrace your steps within the Practice beginning 48 hours prior to your symptoms first appearing (if you have not experienced any symptoms, 48 hours prior to your positive specimen collection). Record all communal areas and objects that you may have used or come in to contact with. Examples of such areas and objects include, entrance doors, whiteboards, equipment, supplies, the kitchen, coffee stations, phones and restrooms.

Please record by name any employee(s) or other individual(s) that you have interacted with at the Practice beginning 48 hours prior to your symptoms first appearing (if you have not experienced any symptoms, please identify those interacted with starting 48 hours prior to your positive specimen collection). Record and describe the type of interaction that you had (i.e. physical contact, sharing of common items, verbal discussion), the length of the interaction, and the distance between you and the individual(s) you interacted with.

Signature

Date

Printed Name