

Interview Date: _____

Possible COVID-19 Exposure Investigation Form

Employee Name

Employee Department

Interviewer Name

Employee

1. Are you currently or have you recently experienced flu-like symptoms such as cough, body aches, fever, diarrhea, or shortness of breath?

A.) If so, which symptoms? When did they start? When did they end? _____

B.) Did you see/speak with a doctor? If so, who and when? _____

C.) Did the doctor provide you with a test? _____

What type of test? What was the result of the test? _____

(i.) any ongoing or recommended treatment? _____

(ii.) are any additional tests scheduled (if any, what kind and when)? _____

2. Has a member (or members) of your household presented with any of these symptoms?

A.) If so, when did the symptoms first present? _____

3. In the last month, have you been in close contact with any person known to be infected with COVID-19?

A.) If so, who, where, when, and what was the nature of exposure (how close was the contact and what was the duration)? _____

4. Have you or any member of your household traveled out of the country in the past month?

A.) If so, when and where? _____

B.) What was your mode of transportation? _____

5. In the past month, have you traveled on public transportation (airplane, bus, train, Uber/Lyft, light rail, car/van pool)?

A.) If so, when and where? _____

B.) Was this travel associated with work activities or personal business? _____

6. In the past month, have you stayed in a hotel or other public accommodation?

A.) If so, what, when, and where? _____

7. In the past month, have you attended an event such as a concert, athletic event, theme park, or other large public event?

A.) If so, what, when, and where? _____

8. A.) Do you feel this exposure occurred at work?

If yes, what specifically were those work activities? _____

B.) Do your work duties involve:

Work in a crowded environment where social distancing is not possible? _____

Frequent exposure to third parties as part of your work duties? _____

C.) Other comments about work environment/conditions:

9. Have you left your home/residence for any purpose other than commuting to/from work in the last month?

A.) If so, how many times (an estimate is sufficient)? And for what purposes (e.g., grocery shopping, gas, etc.)? _____

B.) At those times, did you come into “close proximity” with any members of the public (define “close proximity” as coming within 6 feet of another individual)? _____

C.) Did you wear “protective gear” at all of those times (define “protective gear” as gloves and/or a mask; and may further inquire as to whether or not the mask was N95 or an equivalent)? _____

D.) Did you consistently wash your hands with soap and water or an alcohol-based hand sanitizer during and/or following all of your trips out? How often? _____

Employer Notes:

1. **Provide pertinent comments about the employee and important facts related to this possible exposure:**

These questions are designed to gather preliminary information in response to an allegation of potential exposures. Additional information may be required.