

[Insert Company Name and Logo]

Coronavirus Health & Safety Reporting Form

This form is to notify [Company Name] of persons believed to have been exposed to the Coronavirus (COVID-19), including yourself. Information reported in this form will be used by [insert name/contact details or department] to determine appropriate follow-up.

- First and Last Name of the person believed to have been exposed to COVID-19 (including yourself)

Printed First and Last Name (Required)

Department (Required)

Phone Number (if known)

- To your knowledge, which of the following symptoms does the person of concern have? (check all that apply):

Runny nose

Fever over 100 degrees

Sore throat

Shortness of breath

Cough

- In the last 14 days, has the person of concern had contact with someone with a confirmed diagnosis of COVID19, or is under investigation for COVID19, or is ill with COVID19-like symptoms?

Yes No Unknown

- Has the person of concern internationally traveled to or had close contact with someone who traveled to any country listed below within the last 14 days?

No Unknown Mainland China Iran Italy South Korea Japan

Other Country not mentioned above _____

- Has the person of concern traveled out of state or had close contact with someone who traveled out of state within the last 14 days?

Yes No Unknown If YES, please indicate which state _____

- Please describe your concerns in detail and provide any relevant information (Required)

[Company Name] will take every effort to protect personally identifiable information shared in this document and will not disclose your identity or the identity of anyone reported unless disclosure to safety and first aid personnel is required for emergency treatment or is otherwise required by law.

I attest the information provided is true and correct to the best of my ability and understand that any false statements/allegations may be subject to disciplinary actions.

Printed First and Last Name

Signature

Date