

COVID-19 Employee Monitoring Form

Employee Information

Employee Name:	
PHS Location:	
Department:	
Date Notified:	

Symptoms and Exposures

1. Employee Has Symptoms of Illness:		<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to 2.)
Reported Symptoms:		<input type="checkbox"/> Fever (>100°F) <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Sore throat <input type="checkbox"/> Headache <input type="checkbox"/> Muscle or body aches <input type="checkbox"/> Loss of smell <input type="checkbox"/> GI upset <input type="checkbox"/> Other:
Details of Symptoms (Include duration and severity of symptoms, actual temperature, or any additional details):		
Date of Onset of Symptoms:		
2. Employee had Close Contact (generally < 6 ft. for > 10 min.) to Person with Symptoms of Illness:		<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to 3.)
Relationship to Person:		<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Friend <input type="checkbox"/> Coworker <input type="checkbox"/> Patient or patient's household/family member <input type="checkbox"/> Other:
Date of Last Exposure:		
Reported Symptoms:		<input type="checkbox"/> Fever (>100°F) <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Sore throat <input type="checkbox"/> Headache <input type="checkbox"/> Muscle or body aches <input type="checkbox"/> Loss of smell <input type="checkbox"/> GI upset <input type="checkbox"/> Other:
Details of Symptoms (Include duration and severity of symptoms, actual temperature, or any additional details):		
Date of Onset of Symptoms:		
3. Employee or Close Contact has Traveled in the Past 2 Weeks:		<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to 4.)
Details of Travel (Include persons involved, destination(s), and dates of travel and return):		
4. Employee had Close Contact to Person with COVID-19:		<input type="checkbox"/> Yes - Test Results Positive <input type="checkbox"/> Yes - Test Results Pending <input type="checkbox"/> No or Not Tested (skip to 5.)
Relationship to Person:		<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Friend <input type="checkbox"/> Coworker <input type="checkbox"/> Patient or patient's household/family member <input type="checkbox"/> Other:
Date Person Tested:		
Date Person Tested Positive:		
Exposure Occurred While at Work (in the office or field):		<input type="checkbox"/> Yes <input type="checkbox"/> No
Nature of Exposure (duration, proximity, skin-to-skin):		

Date of Last Exposure:	
5. Employee has been Tested for COVID-19	<input type="checkbox"/> Tested Positive <input type="checkbox"/> Test Results Pending <input type="checkbox"/> No or Not Tested
Date Employee Tested:	
Date Employee Tested Positive:	

Assessment and Outcomes

1. Employee Risk Level based on Symptoms and Exposure	<input type="checkbox"/> High Risk <input type="checkbox"/> Medium Risk <input type="checkbox"/> Low Risk (skip to 2.) <input type="checkbox"/> No Identifiable Risk (skip to 3.)
List of PHS employees that have been in close contact with employee since exposure or onset of symptoms.	
List of patients/caregivers, including contact information, that have been in close contact with employee since exposure or onset of symptoms	
2. Date employee's workspace and areas of close contact were cleaned. Following CDC recommendations	
2. Recommended Outcomes (Employee should access health care provider with any symptoms for advice and recommendations.):	<input type="checkbox"/> 14-day rule: Self-isolate or quarantine for 14 days following onset of symptoms or last exposure. May return to on-site work after 14 days IF fever-free for 3 days (without fever-reducing medications) and improvement or resolution of other symptoms or two consecutive negative tests. <input type="checkbox"/> 7-day rule: Self-isolate or quarantine for 7 days following onset of symptoms or last exposure. May return to on-site work after 7 days IF fever-free for 3 days (without fever-reducing medications) and improvement or resolution of other symptoms or two consecutive negative tests. <input type="checkbox"/> Inform management of results for pending test. <input type="checkbox"/> Collaborate with manager to arrange work from home options and/or special assignments. <input type="checkbox"/> Follow recommendations of your health care provider (HCP). (Document recommendations in next question.) <input type="checkbox"/> Seek immediate medical attention if you have trouble breathing, chest pain, develop confusion, or have bluish lips or face. <input type="checkbox"/> No work restrictions. Self-monitor symptoms, including checking temperature twice daily. <input type="checkbox"/> Eligible for Pandemic or Sick Pay (generally for when an employee has exhausted every possibly option and is not able to work due to being isolated or quarantined by the company or other govt. entity, or because they are in at-risk population or are needed for childcare or care of another family member).. <input type="checkbox"/> Other:
Recommendations from Employee's HCP:	
Date to Follow-Up with Employee:	
Date Employee Could Return to On-Site Work:	