

EMPLOYEE'S STATEMENT OF INCIDENT-COVID-19 EXPOSURE FORM

(To be completed by injured employee)

Employee must complete all questions in own handwriting. (Use another sheet, if more space is needed.)

Name: _____ Phone Number-Day: _____

Address: _____ Phone Number-Night: _____

City: _____ State: _____ Zip Code: _____

Department: _____ Job: _____ Supervisor: _____

Are you aware of a known or do you have a suspected work-related exposure to Covid-19? Yes [] No []

Date of Incident ____/____/____ Internal Incident Number of Public Safety Reports _____

Location of the Incident _____

Date & Hour You Notified Employer of Covid 19 Exposure: ____/____/____ ____ AM [] PM []

Reported the Covid-19 exposure to Whom: _____

Please provide details of exposure: _____

Names of Witnesses to Exposure: _____

Have you tested positive for Covid-19? Yes [] No [] If "yes", when did you receive your test results? ____/____/____

Have you missed time from work as a result of your exposure to Covid-19? Yes [] No []

If "yes", what day did you start missing time at work? ____/____/____ Are you still off work? Yes [] No []

If yes, does a doctor currently have you off work through a certain date? Yes [] No []

If you returned to work, what date did you return? ____/____/____

IF YOU HAD A KNOWN OR SUSPECTED EXPOSURE TO COVID-19

Were you wearing employer recommended PPE at the time of the exposure? Yes [] No []

If not wearing employer recommended PPE at the time of the exposure, were you wearing any PPE? Yes [] No []

Has anyone that lives with you or has been in close contact with you outside of work been diagnosed or is suspected of having Covid-19? Yes [] No []

If so, please provide details of exposure: _____

I have read the above statement and it is true and complete to the best of my knowledge.

Employee's Signature: _____ Date: _____