

Questionnaire to Determine Work-Relatedness of Coronavirus Exposures

Interviewer Name: _____ Department: _____

Employee Name: _____

Date of Interview: _____ Date of Last Test Result: _____ Result: _____

Questions:

The following questions are for positive tests only.

If you are positive, how do you believe you contracted COVID-19? (Skip if test results are negative)

Were you within 6 feet of a coworker a week prior to testing positive? If yes, who?

What are the names of the residents you cared for in the past two weeks?

Were you hospitalized for COVID-19? If not, is there a possibility of hospitalization?

Do you have signs and symptoms of COVID-19? If so, explain.

Please explain your out-of-work activity that may have led to possible exposure to coronavirus.

Were you always wearing appropriate PPE while at work?

Corporate office to complete following:

Unit assigned to employee? _____

Were there COVID-19 positive residents the employee was taking care of where assigned? Yes No

Corporate Office:

If hospitalized within 24 hours of test date, date reported to OSHA at (302) 573-6518?

Is this incident been deemed related to work activities? Yes No