

**COVID-19 RESOURCE CENTER:** [www.salawus.com/practices-covid19-task-force.html](http://www.salawus.com/practices-covid19-task-force.html)

**EMPLOYEE RESPONSE TO COVID-19 INTERVIEW QUESTIONNAIRE  
(SYMPTOMS, PRESUMPTIVE OR POSITIVE TEST)**

**EMPLOYEE NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**INSTRUCTIONS:** The following questions should be asked of any Employee who has informed you that she or he has symptoms of COVID-19, tested positive for COVID-19 or has been told by a medical treater or provider they presumptively have COVID-19. This questionnaire is to be kept **confidential** and in Employee’s medical file with access by only select individuals designated by the Company.

1. What is the date that you first exhibited symptoms, if any, of COVID-19?

a. Date: \_\_\_\_\_

2. Symptoms (mark with X if applicable):

	Initial Symptoms		Current Symptoms	
	YES	NO	YES	NO
<b>Fever</b> ( <i>if yes, list temperature</i> )				
<b>Headache</b>				
<b>Chills</b>				
<b>Cough</b>				
<b>Sore Throat</b>				
<b>Body or Muscle aches</b>				
<b>New Loss of taste/smell</b>				
<b>Shortness of breath or difficulty breathing</b>				
<b>Nausea, vomiting or diarrhea</b>				
<b>Congestion or Runny nose</b>				

Other (describe): \_\_\_\_\_

3. When were you diagnosed with COVID-19 or presumed to have COVID-19?

a. Date: \_\_\_\_\_

b. Tested positive: Yes  No

c. Presumed to be positive: Yes  No

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4. Name of medical professional or health care provider giving you the result or telling you that you are presumed to be positive:
- 
5. Have you been told by a medical professional to self-quarantine? Yes  No
- a. If yes, for how long (in days)?
- 
- b. If yes, have you been self-quarantined? If yes, since what date?
- 
6. In the previous 30 days, have you had close contact with an individual confirmed or presumed to have COVID-19 or who has symptoms of COVID-19 (i.e. spent a total of 15 minutes or more over the course of a 24-hour period within 6 feet of the individual, or being coughed or sneezed on, even if the 15 minutes were not consecutive)?  
Yes  No
- a. If yes, give the date of last contact: \_\_\_\_\_
- b. If yes, explain your relationship to individual(s) and whether they reside with you:
- 
- c. If yes, identify the location of last contact:
- 
- d. If yes, identify whether any such contact is or was in your household:
- 
7. In the previous 30 days, have you traveled to, or stopped over in, a country for which the CDC has issued a travel health notice (including but not limited to China, Iran, or Europe)? Yes  No
- a. If yes, give country name and dates of travel:
- 
8. In the previous 30 days, have you traveled domestically or internationally by airplane, bus or train?  
Yes  No
- a. Details: \_\_\_\_\_
- b. Date(s) of Travel: \_\_\_\_\_

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- c. Destination(s): \_\_\_\_\_
  - d. Accommodation(s): \_\_\_\_\_
9. In the previous 30 days have you used mass transit or public transportation?  
Yes  No
- a. Details: \_\_\_\_\_
  - b. Date(s) of Travel: \_\_\_\_\_
10. Outside of work, have you attended any event or visited any public place in the previous 30 days where more than 10 individuals were in attendance and you were within 6 feet from any one individual for a total of 15 minutes or more, even if those 15 minutes were not consecutive? Yes  No
- a. Location: \_\_\_\_\_
  - b. Date(s): \_\_\_\_\_

**I certify that the above information is accurate and truthful as of the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and is accurately recorded herein.**

**By:** \_\_\_\_\_

**Print Full Name**

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**OR IF DONE BY TELEPHONE INTERVIEW**

**I certify that the above information was provided to me by telephone discussion with the above-named individual on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and is accurately recorded herein.**

**By:** \_\_\_\_\_

**Print Full Name**

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

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**Confidential Checklist for Employer:**

1. Did you receive any paperwork from Employee regarding their diagnosis of COVID-19?  
Yes  No 
  - a. If yes, include in file with the Employee Response to COVID-19 Questionnaire.
2. Did you review any and all publicly available social media accounts of the employee to document recent travel or social interaction? Yes  No 
  - a. If any, print and include in file with the Employee Response to COVID-19 Questionnaire.
3. Did you inform all of Employee's co-workers who were in close contact with the individual starting from 2 days before employee's illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated (without disclosing the Employee's name)? Yes  No
4. Did you disinfect, pursuant to latest CDC guidelines, any and all workspaces and surfaces that the Employee had been in contact with over the past 7 days? Yes  No
5. Have you implemented the latest CDC and OSHA guidelines concerning maintaining a safe and healthy workplace, including any and all applicable PPE mandates?  
Yes  No
6. Have you implemented the latest guidelines or mandates from any local or state regulatory body or government official applicable to your operations (i.e. state or county department of public health, local mayor's order or state governor's order)?  
  
Yes  No