

Appendix C

REPORT FOR EMPLOYEES AND VISITORS DISPLAYING COVID-19 SYMPTOMS

Date:

Name:

Type:

- ☐ Visitor
- ☐ Employee
- ☐ Contractor

Job Title:

Worksite:

Location of Isolation:

Address:

Symptoms:

- ☐ Sore throat
- ☐ Cough
- ☐ Feeling feverish or temperature of 100.4 degrees Fahrenheit
- ☐ Shortness of breath
- ☐ Difficulty breathing
- ☐ Chills or repeated shaking with chills
- ☐ Loss of taste or smell
- ☐ Known close contact with a person who is lab confirmed to have COVID-19
- ☐ Headache, muscle pain, diarrhea

Time of fever on-set:

Time of isolation:

Where referred to:

Notes:

DETAILS OF REPORTER

Name:

Job title:

Telephone Number: