**CONFIDENTIAL – EMPLOYEE COVID-19 Testing Results Tracking Record**

Instructions: Complete the following tables (on the next pages; continue the weekly columns to fill out for as many weeks as necessary) for all employees who, as of February 9, 2022, are not fully vaccinated (exception: employees who completed their primary vaccination series by February 8, 2022, but have not yet completed their two-week waiting period, are not subject to this policy for testing).Testing records and this roster are considered to be confidential employee medical records, which must be kept separate from employee personnel files. They must not be disclosed except as required or authorized by OSHA’s Vaccination and Testing Emergency Temporary Standard (ETS) or other law, including the Americans with Disabilities Act (ADA). Retain this record, as well as employees’ COVID-19 test results, until November 5, 2022.

* Employees are considered “fully vaccinated” two weeks after completing primary vaccination with a COVID-19 vaccine with, if applicable, at least the minimum recommended interval between doses.
* If an employee does not provide documentation of a COVID-19 test result as required by this testing policy, remove them from the workplace until they provide a test result.
* Employees who have received a positive COVID-19 test, or have been diagnosed with COVID-19 by a licensed healthcare provider, are not required to undergo COVID-19 testing for 90 days following the date of their positive test or diagnosis.
* A “COVID-19 test” is a test for SARS-CoV-2 that is:
  + cleared, approved, or authorized, including in an Emergency Use Authorization (EUA), by the U.S. Food and Drug Administration (FDA) to detect current infection with the SARS-CoV-2 virus (e.g., a viral test);
  + administered in accordance with the authorized instructions; and
  + not both self-administered and self-read unless observed by the employer or an authorized telehealth proctor.
* Antibody tests do **not** meet the definition of COVID-19 test.

**Table 1. For employees who report to work at least once every seven days:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Employee ID**  **(Last Name, First Name, DOB)** | **Week 1** | | | | | | **Week 2** | | | | | |
| **Specimen Collection Date (i.e., date of sampling)** | **Type of Test** | **Issuing or Observing Entity**  **(e.g., lab, healthcare entity)** | **Name and Initials of Observer (if applicable)** | **Test Result**  **[+/-]** | **Record Provided? [Y/N]** | **Specimen Collection Date (i.e., date of sampling)** | **Type of Test** | **Issuing or Observing Entity**  **(e.g., lab, healthcare entity)** | **Name and Initials of Observer (if applicable)** | **Test Result**  **[+/-]** | **Record Provided?**  **[Y/N]** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

**Table 2. For employees who do NOT report to work during a period of seven days or more:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Employee ID**  **(Last Name, First Name, DOB)** | **Week of Visit to Workplace 1** | | | | | | | **Week of Visit to Workplace 2** | | | | | | |
| **Date(s) of Visit to Workplace** | **Specimen Collection Date (i.e., date of sampling)** | **Type of Test** | **Issuing or Observing Entity (e.g., lab, healthcare entity)** | **Name and Initials of Observer (if applicable)** | **Test Result [+/-]** | **Record Provided?**  **[Y/N]** | **Date(s) of Visit to Workplace** | **Specimen Collection Date (i.e., date of sampling)** | **Type of Test** | **Issuing or Observing Entity (e.g., lab, healthcare entity)** | **Name and Initials of Observer (if applicable)** | **Test Result**  **[+/-]** | **Record Provided?**  **[Y/N]** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |