|  |  |  |
| --- | --- | --- |
| **COVID19 Incident Report** | | |
| 1 | Full Name (Age in years) |  |
| 2 | Employee ID |  |
| 3 | Contact Number |  |
| 4 | Date & Time when symptoms were observed |  |
| 5 | Please mentioned symptoms which are observed with employee (Yes/No for each row) | |
| a | Fever >99F |  |
| b | Cold/Cough/Sneezing |  |
| c | Difficulty in breathing |  |
| d | Sore Throat |  |
| e | Any other prevailing illness such as diabetes / Hypertension / asthma or any other respiratory issues or undergoing prolonged treatment |  |
| 6 | Any of family member/Room partner dealing with COVID19 patients as Medical staff member (Doctor/Nurse/any other service at hospitals) |  |
| 7 | Has employee been in contact with people being infected, suspected or diagnosed with COVID-19? |  |
| 8 | Primary count of employees in the vicinity of affected employee: |  |
| 9 | Secondary count of employees in the vicinity of affected employee: |  |
| 10 | Details of Intimation to Customer/Resource Backup |  |
| 11 | Immediate Action Taken    <Include medical checkup and doctor details, Precautionary actions implemented at office premises > |  |
| 12 | Provide Follow up details after quarantine period |  |
| Name of Admin In charge | |  |
| Office Location | |  |