



COVID-19 Employee Exposure Report

Section 1- Employee Information (to be completed by Employee)

Name of Employee: _____ Office Location: _____
 Employee Department: _____ Immediate Supervisor/Director: _____
 Details of Exposure: _____

Date Employee began having Symptoms: _____ None

Employee Symptoms of COVID-19?	Fever >100.4°F	Unexplained Cough	Shortness of Breath
Difficulty Breathing	New Loss of Taste and/or Smell	Chills	Headache
Fatigue	Muscle pain or body aches	Nausea or Vomiting	Diarrhea
Congestion or Runny nose	Sore throat	Other: _____	

Employee COVID-19 Testing Results: _____ Date Scheduled/Tested: _____ Not Tested

Positive	Negative	Inconclusive	Pending	Unknown
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Has Employee received BOTH doses of the COVID-19 Vaccination (or single dose J&J)? Yes No
 Has it been at least 2 weeks from the last dose? Yes, Date of last dose _____ No
 Employee has tested Positive & Recovered from COVID-19 in the past 3 months? Yes, Date: _____ No

Section 2- Exposure Information (to be completed by Employee)

Date(s) Exposed to Source Individual (Includes 2 days prior to onset of symptoms or positive test): _____

Occurred while working for PHC? Yes No Unknown N/A- No Known Exposure

Choose Type of Contact with Source (Positive COVID-19 Individual): **** Brief Contact DOES NOT require an Exposure Report. Contact with a Suspected individual that has not been tested or has not received a positive confirmation of COVID-19 DOES NOT require an Exposure Report. ****

Direct Contact means providing hands-on care for >15 min. to a confirmed positive individual.

- Includes bathing, dressing, toileting, physical assessment, contact with bodily fluids

Close Contact means being within 6 feet for >15 min. with a confirmed positive individual.

- Includes sitting next to, speaking face to face, eating at same table, being in same confined space

Brief Contact means being more than 6 feet away OR being in contact for <15 min.

- Includes brief conversation <15 min., shaking hands, being in same room but >6 feet apart

Aerosol Procedure performed (nebulizer, trach care, CPR)?	Yes	No	Unknown
Employee wearing Face mask at time of Exposure?	Yes	No	Unknown
Type of Face mask:	N95 Respirator	Medical Face Mask	Cloth Face Mask
Employee wearing Eye Protection (goggles, face shield) at time of Exposure?	Yes	No	Unknown
Employee wearing Gown at time of Exposure?	Yes	No	Unknown
Employee wearing Gloves at time of Exposure?	Yes	No	Unknown

