Data Collection Form – Symptomatic Individuals at the Workplace

Date: _____
Time: _____

Symptomatic Individual's Name: _____

- ☐ Visitor
- ☐ Employee
- ☐ Contractor
- ☐ Other _____

Work Site Address / Building Number / Floor: _____

Symptoms noticed:

- ☐ Temperature >38ºC (100.40F) or higher
- ☐ Shortness of breath, difficulty breathing
- ☐ Cough
- ☐ Running nose Sneezing Muscle Pain
- ☐ Tiredness
- ☐ Chills
- ☐ Repeated shaking with Chills
- ☐ Headache
- ☐ Sore Throat
- ☐ New Loss of Taste or smell

➔ Check www.cdd.gov guidelinesfor additional symptoms as these are being updated often
➔ Refer to https://www.osha.gov/SLTC/covid-19/ for guidance regarding privacy and information retention.

Time of symptom on-set: _____

Time and location of isolation: _____

Where referred to: _____

Names of Employees Symptomatic Individual Interacted within Last 72 Hours:

Notes:

Signature of Symptomatic Individual _____

Name of reporter: _____

Signature of Reporter _____