Employee Symptom Report
(to be completed by Supervisor when an employee reports having symptoms)

Employee Name: _________________________

Symptoms (please list):

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•
•

Date that symptoms started: ____________________________

Last date that employee worked onsite: ________________

*Symptoms confirmed to be consistent with COVID-19? (Yes or No): _____________

Employee has been instructed to use Symptom Monitoring Log (Yes or No): _____ Date: _________

What other employees/people has employee had close contact with(at least 10 minutes within 6 feet)?

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•
•

(list others on back, if applicable)

People listed above have been instructed to use Symptom Monitoring Log (Yes or No): _____ Date: _________

Did employee have contact with someone confirmed to have COVID? (Yes or No): _____________

Does employee work in direct patient care, or in a critical position for continued operations? (Yes or No): ______

Please return this form to HR

For HR documentation:

Flu Test date: _________ COVID Test date: _________ Received Symptom Log (Y/N) ____

Flu Test result: _________ COVID Test result: _________ Return to work date: __________

3.23.2020