



COVID-19 Exposure Questionnaire

Employee Name: _____

EEID: _____

1. How did you become aware that you were potentially exposed to COVID-19?

Close contact and prolonged exposure with someone who has COVID-19 symptoms (15 or more minutes)

Your lab confirmed COVID-19 diagnosis - Positive Test Date: _____

Other _____

2. If any of the above apply, have you potentially exposed anyone in the workplace during this time? Yes No
If yes, please explain (who, what, when, how)

3. When and where were you potentially exposed to COVID-19?

4. Are you currently experiencing any of the symptoms listed below? (check all that apply)

If yes, what is the date symptom(s) first appeared _____

- | | |
|---|---|
| <input type="checkbox"/> Fever greater than 100.4 degrees | <input type="checkbox"/> Difficulty Breathing |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Fatigue |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> New loss of taste or smell |
| <input type="checkbox"/> Muscle or body aches | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Nausea or Vomiting | <input type="checkbox"/> Sore Throat |
| <input type="checkbox"/> Congestion | <input type="checkbox"/> All of the above |
| <input type="checkbox"/> None of the above | |

Please note: If you received the COVID-19 vaccine in the last 1 - 3 days the following symptoms may be caused by the vaccine:
fever, fatigue, headache, chills, muscle and body aches.

FOR SUPERVISORS / MANAGERS USE ONLY
Please refer to the Risk Levels and Categories in the Exposure Guidelines

Positive (Please select one)	
Quarantine/Isolation (not Working) - 5 Days Isolation	Work from Home
Category I (Close contact with someone who is positive) - Check all that apply	
<input type="checkbox"/> Quarantine/Isolation (Not Working) – 5 Days Isolation <input type="checkbox"/> Test on Day 5 (if possible) <input type="checkbox"/> Work at Usual Location (no symptoms) <input type="checkbox"/> Work from Home	
Category II (Close contact with someone who is positive) - Check all that apply	
<input type="checkbox"/> Quarantine (Not Working) – 5Days Isolation <input type="checkbox"/> Test on Day 5 (if possible) <input type="checkbox"/> Work at Usual Location (after 5 days from exposure or released by Health Care Provider) <input type="checkbox"/> Work from Home	
Quarantine/Isolation/Leave Start Date:	Projected Return Date:
Date Form Completed:	
Supervisor / Manager Name:	
Supervisor / Manager Signature:	

****If placed in Quarantine or Isolation, please provide this form to an HR representative.****

HR Representative Name:

HR Representative Signature:

The below guidance applies to all risk level employees (Low, Medium and High)

Positive COVID-19 Result (*whether vaccinated or not*)

- **Quarantine/Isolation Status:** Employees with a positive COVID-19 test must isolate (vaccinated or unvaccinated) for 5 calendar days and if asymptomatic or symptoms are resolving (without fever for 24 hours), followed by 5 additional calendar days of wearing a face covering when around others to minimize the risk of infecting people they encounter. A face covering is required at all times while in the workplace.
- **Returning to work (onsite) Status:** Employees may return to onsite work when released by their healthcare provider *or* after 5 calendar days from the onset of symptoms (or if no symptoms, from date of positive test), and if asymptomatic or symptoms are resolving (without fever for 24 hours).
- **Work from home/Leave Status:** Employees may be authorized by management to work from home. Employees who are unable to “effectively” work from home, may utilize their applicable leave balances (term, sick, personal, vacation, etc.).

COVID-19 Exposure Only (*close contact with someone who is positive*):

❖ **Category I**

If employee:

- Received his/her booster
OR
Completed the primary series of Pfizer or Moderna vaccine within the last 6 months
OR
Completed the primary series of J & J vaccine within the last 2 months
- **Quarantine/Isolation Status:** Employees in this category do not have to quarantine, as long as they do not have any symptoms. Employees must wear an approved face covering when around others for 10 days. Additionally, employees should test on calendar day 5 after exposure, if possible. If symptoms later develop, employee should stay home.
- **Returning to work (onsite) Status:** Work onsite as normal as long as no symptoms exist.

❖ **Category II**

If employee:

Completed the primary series of Pfizer or Moderna vaccine over 6 months ago and are not boosted

OR

Completed the primary series of J & J over 2 months ago and are not boosted

OR

Is unvaccinated

- **Quarantine/Isolation Status:** Employees in this category must quarantine at home for 5 calendar days from the date of exposure followed by 5 additional calendar days of wearing a face covering when around others to minimize the risk of infecting people they encounter. A face covering is required at all times while in the workplace.
- **Returning to work (onsite) Status:** Employees may return to onsite work when released by their healthcare provider or after 5 calendar days from the date of exposure. If employees develop symptoms, employee should stay home. Note: Public Safety employees may work as normal with approved face covering.
- **Work from home/Leave Status:** Employees may be authorized by management to work from home. Employees who are unable to “effectively” work from home, may utilize applicable leave (term, sick, personal, vacation, etc.) while out. Note: Public Safety employees may work as normal with approved face covering.