

**SEEGARS FENCE COMPANY  
 COVID- 19 (Corona Virus) DOCUMENTATION  
 EMPLOYEE INCIDENT FORM**

**Instructions:** Complete, sign, and return this form to the OFFICE MANAGER if you are going to miss work related to any reason due to illness/non illness during COVID-19 Outbreak.

Date: \_\_\_\_\_ Office: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**\*Direct Contact means: Within 6 feet for a cumulative total of 15 minutes, provided care for someone sick, hugged or kissed them, shared eating or drinking utensils, sneezed, coughed, or got respiratory droplets on you – per CDC**  
**Please check one:**

<p><b>Illness Related:</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> I have had direct contact with someone who has a confirmed COVID-19 positive test.</li> <li><input type="radio"/> I have had a positive COVID-19 test</li> <li><input type="radio"/> I am experiencing fever, persistent cough, and/or shortness of breath.</li> <li><input type="radio"/> I have been in direct contact with someone who is experiencing fever, persistent cough, shortness of breath, and/or other known COVID-19 symptoms per CDC</li> <li><input type="radio"/> Other, please explain: _____</li> </ul>
<p><b>Non-Illness Related:</b> (if you are requesting to miss work due to other reasons related to COVID-19)</p> <ul style="list-style-type: none"> <li><input type="radio"/> School Closings</li> <li><input type="radio"/> Daycare Closings</li> <li><input type="radio"/> Government mandated</li> <li><input type="radio"/> Other, please explain: _____</li> </ul>

**Please complete:**

<p>Date symptoms started or came in contact: (circle one)</p> <p>DATE: _____</p>	<p>Symptoms:</p> <ul style="list-style-type: none"> <li><input type="radio"/> Fever</li> <li><input type="radio"/> Cough</li> <li><input type="radio"/> Shortness of Breath</li> <li><input type="radio"/> Other:</li> </ul>
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**Employee must follow these guidelines:**

If you:	Guidelines/Steps to be Taken
<ul style="list-style-type: none"> <li>• Tested positive for COVID-19 and have/had symptoms (fever, cough, shortness of breath, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• Contact your supervisor immediately</li> <li>• Fill out the required <u>COVID-19 Special Leave Form</u> and provide to your supervisor</li> <li>• You will be placed on a designated leave effective immediately</li> <li>• Your return to work will be based on the following criteria:               <ul style="list-style-type: none"> <li><input type="radio"/> Completion of 10 days under self-quarantine (starting date is onset of initial symptoms) and,</li> <li><input type="radio"/> 24 hours with no fever without fever reducing medications</li> <li><input type="radio"/> Symptoms have improved</li> </ul> </li> </ul>

<ul style="list-style-type: none"> <li>• Tested Positive for COVID-19 with NO Symptoms</li> </ul>	<ul style="list-style-type: none"> <li>• Contact your supervisor immediately</li> <li>• Fill out the required <u>COVID-19 Special Leave Form</u> and provide to your supervisor</li> <li>• You will be placed on a designated leave effective immediately</li> <li>• Your return to work will be based on the following criteria: <ul style="list-style-type: none"> <li>○ Completion of 10 days under self-quarantine with no developed symptoms</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Direct Contact with anyone who has a confirmed COVID-19 positive test, or</li> <li>• Direct Contact with anyone who is having signs and symptoms of COVID (fever, cough, shortness of breath, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• Contact your supervisor immediately</li> <li>• Fill out the required <u>COVID-19 Special Leave Form</u></li> <li>• Start quarantine immediately</li> <li>• Report any symptoms immediately</li> <li>• Your return to work will be based on the following criteria: <ul style="list-style-type: none"> <li>○ <b>14 day</b> quarantine after known contact of the confirmed positive person if you develop symptoms or,</li> <li>○ <b>10 day</b> quarantine if you do not develop symptoms or,</li> <li>○ <b>7 day</b> quarantine if you do not develop symptoms and you provide a negative test result – you must wait to be tested on the 5<sup>th</sup> day of contact or more</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Experiencing fever, persistent cough, and/or shortness of breath</li> </ul>	<ul style="list-style-type: none"> <li>• Please contact your Supervisor Immediately</li> <li>• Fill out the required <u>COVID-19 Special Leave Form</u> and provide to your supervisor</li> <li>• Remain out of work until: <ul style="list-style-type: none"> <li>○ A doctor provides you with a note authorizing your return to work, OR</li> <li>○ You can provide confirmation of a negative COVID-19 test</li> </ul> </li> <li>• IF YOUR DOCTOR ADVISES YOU TO SELF-QUARANTINE OR YOU TEST POSITIVE FOR COVID-19, YOU MUST INFORM YOUR SUPERVISOR IMMEDIATELY</li> </ul>
<ul style="list-style-type: none"> <li>• Missing work due to childcare needs, childcare needs associated with school and childcare facility closings</li> </ul>	<ul style="list-style-type: none"> <li>• Please contact your Supervisor Immediately</li> <li>• Fill out the required <u>COVID-19 Special Leave Form</u> and provide to your supervisor</li> <li>• This policy is focused on meeting short term needs while each individual searches for a better long term solution</li> </ul>

**Seeking Medical Attention:**

- **Call ahead to your Medical Facility and inform them of your circumstance, signs and symptoms, and other pertinent information**
- **All United Healthcare participants, who are experiencing symptoms, are encouraged to use the TeleDoc service, available through their website or mobile app. (lower co-pay and faster service)**
- **Follow their steps precisely**

**Before returning to Work:**

- **Send all Medical paperwork in promptly via email, text, or by mail.**
- **After receiving all pertinent medical information your Manager will contact you to give you a return-to-work date.**

**\*We realize that these guidelines may not cover every possible scenario and some flexibility may be necessary.**

Name:(print)\_\_\_\_\_ Date:\_\_\_\_\_

Signature:\_\_\_\_\_

**\*\*\*OFFICE USE ONLY\*\*\***

- Test results: \_\_\_\_POS \_\_\_\_NEG
- Return to work Date:\_\_\_\_
- Date symptoms ended\_\_\_\_\_

Supervisor Signature\_\_\_\_\_

Date:\_\_\_\_\_

Updated 12/2/2020