

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

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"> <input type="radio"/> Fever <input type="radio"/> Cough <input type="radio"/> Shortness of Breath <input type="radio"/> Other:
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Employee must follow these guidelines:

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

<ul style="list-style-type: none"> • Tested Positive for COVID-19 with NO Symptoms 	<ul style="list-style-type: none"> • Contact your supervisor immediately • Fill out the required <u>COVID-19 Incident Form</u> and provide it to your supervisor • You will be placed on a designated leave effective immediately • Your return to work will be based on the following criteria: <ul style="list-style-type: none"> ○ Completion of 10 days under self-quarantine with no developed symptoms
<ul style="list-style-type: none"> • Direct Contact with anyone who has a confirmed COVID-19 positive test, or • Direct Contact with anyone who is having signs and symptoms of COVID (fever, cough, shortness of breath, etc.) 	<ul style="list-style-type: none"> • Contact your supervisor immediately • Fill out the required <u>COVID-19 Incident Form</u> • Start quarantine immediately • Report any symptoms immediately • Your return to work will be based on the following criteria: <ul style="list-style-type: none"> ○ 14 day quarantine after known contact of the confirmed positive person if you develop symptoms or, ○ 10 day quarantine if you do not develop symptoms or, ○ 7 day quarantine if you do not develop symptoms and you provide a negative test result – you must wait to be tested on the 5th day of contact or more
<ul style="list-style-type: none"> • Experiencing fever, persistent cough, and/or shortness of breath 	<ul style="list-style-type: none"> • Please contact your Supervisor Immediately • Fill out the required <u>COVID-19 Incident Form</u> and provide to your supervisor • Remain out of work until: <ul style="list-style-type: none"> ○ A doctor provides you with a note authorizing your return to work, OR ○ You can provide confirmation of a negative COVID-19 test • IF YOUR DOCTOR ADVISES YOU TO SELF-QUARANTINE OR YOU TEST POSITIVE FOR COVID-19, YOU MUST INFORM YOUR SUPERVISOR IMMEDIATELY
<ul style="list-style-type: none"> • Missing work due to childcare needs, childcare needs associated with school and childcare facility closings 	<ul style="list-style-type: none"> • Please contact your Supervisor Immediately • Fill out the required <u>COVID-19 Incident Report Form</u> and provide to your supervisor • This policy is focused on meeting short term needs while each individual searches for a better long term solution
<ul style="list-style-type: none"> • Vaccinated and are experiencing COVID-19 symptoms 	<ul style="list-style-type: none"> • Please contact your Supervisor Immediately • Fill out the required COVID-19 Incident Report Form and provide to your supervisor • Get tested: Positive – isolate at home for 10 days Negative – return to work
<ul style="list-style-type: none"> • Vaccinated and come in direct contact with someone who is tested positive for COVID-19 	<ul style="list-style-type: none"> • Please contact your Supervisor Immediately • Fill out the required COVID-19 Incident Report Form and provide to your supervisor • Get tested 3-5 days after exposure even w/o symptoms: Positive – isolate at home for 10 days Negative – return to work and wear a mask indoors in public for 14 days

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:_____