

# COVID-19 Tracking and Assessment Form

## EMPLOYEE HEALTH

Employee Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ SS# \_\_\_\_\_ Employee ID# \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
 DOB: \_\_\_/\_\_\_/\_\_\_ Sex: M F Date of hire: \_\_\_/\_\_\_/\_\_\_ Shift/days worked: \_\_\_/ M T W TH F S SU  
 Dept Name: \_\_\_\_\_ Dept Phone: \_\_\_\_\_ Unit Director: \_\_\_\_\_  
 Facility: \_\_\_\_\_ Job/Position: \_\_\_\_\_

| Assessment               |  |
|--------------------------|--|
| <b>History of travel</b> | <p><b>Hx of Travel within the last month -</b></p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>International   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Outside of Alabama   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Cruise   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> |
|                          | <p><b>If yes -</b></p> <p>Where?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>When?</p> <p>_____</p> <p>_____</p> <p>_____</p>  |
| <b>Symptoms</b>          | <p><input type="checkbox"/> Yes - Measured temperature <math>\geq 100.4^{\circ}\text{F}</math> (<math>&gt;38^{\circ}\text{C}</math>)</p> <hr/> <p>Assess for respiratory symptoms</p> <p><input type="checkbox"/> cough</p> <p><input type="checkbox"/> shortness of breath</p> <p><input type="checkbox"/> difficulty breathing</p>                                     |
|                          | <p>Date Symptoms Began</p> <p>_____/_____/_____</p>  |

- Close contact within 10 days of onset of symptoms with either a person who traveled to a COVID-19 area or a person known to be a suspect COVID-19 case
- Prolonged close contact with a COVID-19 patient who was wearing a facemask (i.e., source control)
- Prolonged close contact with a COVID-19 patient who was not wearing a facemask (i.e., no source control)

Additional Details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_