

Workplace COVID-19 Exposure Risk Assessment Form

(515) 244-0111
For more info, visit
<https://hhlawpc.com>



I. COVID-19 Resources

Coronavirus (COVID-19) is a highly contagious respiratory disease that is most commonly spread through close individual contact, and via airborne transmission. The following is a current list of COVID-19 symptoms provided by the CDC. If you have any of these symptoms, please consider contacting your healthcare provider.

- | | |
|-------------------|--------------------------|
| » Fever | » Conjunctivitis |
| » Dry cough | » Headache |
| » Tiredness | » Loss of taste or smell |
| » Aches and pains | » A rash on skin |
| » Sore throat | » Difficulty breathing |
| » Diarrhea | » Chest pain or pressure |

This list of symptoms is current as of **January 20, 2022**, and may have been updated by the CDC. For more information regarding COVID-19, visit www.cdc.gov/coronavirus, or contact your personal healthcare provider if you believe you have been exposed to a positive case, or are presenting any of the above symptoms.

II. Interviewer Information (For interviewer use only)

F. Name : _____ L. Name : _____

Affiliation : _____ Date : _____

III. Employee Information

F. Name : _____ L. Name : _____

Employer : _____ Date : _____

IV. General Information

Have you received at least one dose of a CDC-authorized COVID-19 vaccine? Yes No N/A

If yes, which vaccine did you receive (Pfizer, Moderna, etc.)? _____

When did you receive the dose(s)? Dose 1: _____ Dose 2: _____

Have you received a CDC-authorized COVID-19 booster shot? Yes No N/A

If yes, which booster did you receive (Pfizer, Moderna, etc.)? _____

When did you receive the booster dose? _____

Within the last 12 months, have you been tested for COVID-19? Yes No N/A

If yes, which type of test did you receive (deep nasal, saliva, etc.)? _____

When were you tested? _____ Where were you tested? _____

Have you been tested for COVID-19 more than once? Yes No N/A

If yes, which type of test did you receive (deep nasal, saliva, etc.)? _____

When were you tested? _____ Where were you tested? _____

In the past 12 months, have you received a positive COVID-19 test result? Yes No N/A

In the past 12 months, have you been notified of your exposure to a positive COVID-19 test result through contact tracing, or by other means? Yes No N/A

V. Workplace Exposure

Can you identify an individual **within your workplace** whom you have been in direct contact with, who was symptomatic of COVID-19? Yes No N/A

Can you identify an individual **within your workplace** whom you have been in direct contact with, who has received a positive COVID-19 test result? Yes No N/A

If yes, when were you first exposed to the infected individual? _____

How long were you exposed to the infected individual? _____

Describe the type of contact made with the infected individual (hug, handshake, etc.).

Describe the space in which you came into contact with the infected individual (office, warehouse, etc.).

Did you ever come within 6 feet of the infected individual? Yes No N/A

Did the infected individual appear ill (coughing, sniffing, etc.)? Yes No N/A

At any point, did you come into contact with an object or surface that the infected individual also came into contact with (pen, paper, desk, etc.)? Yes No N/A

Were you wearing Personal Protective Equipment (PPE) of any kind when you came into contact with the infected individual? Yes No N/A

If yes, what type of PPE were you wearing? _____

Was the infected individual wearing Personal Protective Equipment (PPE) of any kind when you came into contact with them? Yes No N/A

If yes, what type of PPE were they wearing? _____

Was anyone else present in the space when you came into contact with the individual who was infected with COVID-19? Yes No N/A

If yes, did any of these individuals test positive for COVID-19 to your knowledge? Yes No N/A

If yes, please provide details (names, dates, etc.). _____

VI. Non-Workplace Exposure

Can you identify an individual **outside of your workplace** whom you have been in direct contact with, who was symptomatic of COVID-19? Yes No N/A

Can you identify an individual **outside of your workplace** whom you have been in direct contact with, who has recieved a positive COVID-19 test result? Yes No N/A

How many other individuals do you live with at your residency? _____

What are the ages of the other individuals who live with you at your residency? _____

In the last 6 months, have you, or anyone you live with, attended a social gathering of more than 10 individuals? Yes No N/A

If yes, did you, or anyone you live with, practice social distancing? Yes No N/A

In the last 6 months, have you, or anyone you live with, traveled outside of the state that you currently reside in? Yes No N/A

If yes, did you, or anyone you traveled with, practice social distancing? Yes No N/A

In the last 6 months, have you, or anyone you live with, traveled outside of the country that you currently reside in? Yes No N/A

If yes, did you, or anyone you traveled with, practice social distancing? Yes No N/A

In the last 6 months, have you, or anyone you live with, experienced symptoms of COVID-19? Yes No N/A

In the last 6 months, have you, or anyone you live with, tested positive for COVID-19? Yes No N/A

If you answered yes to either of the previous two questions, please list your symptoms below, as well as the dates that you experienced these symptoms.

Symptom	Date(s)	Symptom	Date(s)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

By signing below, you are aknowledging that the information provided above is truthful to the best of your knowledge. This information may be used internally by your Human Resources department, or externally by the United States Centers for Disease Control in their contact tracing efforts. If you have any questions or further comments regarding the questionnaire you have just completed, please contact your interviewer, or a Human Resources representative. If you have any questions regarding COVID-19, please contact the United States Centers for Disease Control by phone at **1 (800) 232-4636**, or online at **www.cdc.gov**.

Interviewer Signature : _____ Date : _____

Employee Signature : _____ Date : _____