

Last Name _____ First Name _____ MI _____

Job Title _____ Program/Site/Unit _____

Date of Positive Test _____

Regular Work Days Schedule: Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

How does the employee think they contracted the virus?

Was the employee knowingly (either before or after the fact) in close contact with anyone outside of work who had tested positive for COVID? Yes (move to Section A.) No

- A. If yes, was the employee able to social distance from the person(s)? Yes (no evidence of causation)
 No (possible evidence of causation)

Ai. If no, did the employee contract the virus shortly after the exposure? Yes (likely cause of exposure) No (no evidence of causation)

Assessment of the Employees Work Location

Were there other employees or clients who had also tested positive for the virus?

Yes (move to Section A.) No (no evidence of causation)

- A. If yes, was the employee able to social distance from the person(s)?
 Yes (no evidence of causation) No

Ai. If no, did the employee contract the virus shortly after lengthy, close exposure to a particular client or coworker **with no alternative explanation** of the employee contracting the virus?

Yes (evidence of causation) No (no evidence of causation)

Findings

Name of Person Completing Report and Title: _____

Signature: _____ Date: _____