



# COVID-19 Exposure Questionnaire

- How did you become aware that you were potentially exposed to COVID-19?  
 Prolonged close exposure for 15 or more minutes with a person who was diagnosed with COVID-19 within the last 14 days  
 Your lab confirmed COVID-19 diagnosis  
 Other \_\_\_\_\_
- If any of the above apply, have you potentially exposed others during this time? Please explain (who, what, how)
- When were you potentially exposed to COVID-19?
- Where were you potentially exposed to COVID-19?
- Are you currently experiencing or have in the past 14 days any of the symptoms listed below? (check all that apply)
 

Fever greater than 100.4 degrees	Difficulty Breathing	If yes, date symptoms first appeared
Cough	Fatigue	
Diarrhea	New loss of taste or smell	
Muscle or body aches	Headache	
Nausea or Vomiting	Sore Throat	
Congestion	All of the above	
None of the above		
- \*Have you received the COVID-19 vaccine in the last 1 - 3 days?    Yes    No  
 \*The following symptoms may be caused by the vaccine: fever, fatigue, headache, chills, muscle and body aches.
- \*\* Have you been fully vaccinated for COVID-19?    Yes    No  
 \*\* People are considered fully vaccinated:
  - 2 weeks after their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, or
  - 2 weeks after a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine
 \*\* Individuals who do not meet these requirements are considered unvaccinated and should keep taking all precautions until fully vaccinated.

### For Supervisors / Manager Use Only

Fully vaccinated employees are not required to quarantine, if the employee has no symptoms of the COVID-19 virus and can show appropriate proof of vaccination.

If employee answered Yes to question 7:

I have verified proof of employee's vaccination status.

I have NOT verified proof of employee's vaccination status.

Which of the following apply:

- Work From Home
- Quarantine (Not Working) – 10Days
- Isolation (Not Working)
- Work at Usual Location (with a Mask – 14 Days)
- Work at Usual Location

Leave Start Date:

Projected Return Date:

Date Form Completed:

Employee Name:

Employee ID:

Supervisor / Manager Name:

Supervisor / Manager Signature:

**\*\*If placed on Quarantine or Isolation, please provide this form to an HR representative.\*\***

