Employee Exposure to Positive Novel Coronavirus (COVID-19) Patient Form

This form must be completed by employees who have had or currently have contact with a confirmed/positive Novel Coronavirus (COVID-19) patient while at work.

Please note that you should complete only one form per patient and not each day that you are caring for the same patient. The only time you should complete a second form for a given patient is if, while you are caring for the patient, you have an elevated level of exposure from that patient such as, a splash to unprotected mucous membranes.

Most Recent Exposure Date *

Employee ID # *
If you do not have/know your employee ID number, please enter 000.

Employee Last Name *

Employee First Name *

Employer *
Select

Location of Exposure *
Select

Job Role *
Select

If you selected "Other" as your job role, list your role

Best Employee Email Address *
If you do not have an e-mail address, then please call your Employee Health Department in order to report your exposure to a confirmed/positive COVID-19 patient.

Employee Cell Number *

Employee Work Number *

Employee Home Address

Emergency Contact Name

Emergency Contact Number

Supervisor Name (Last, First) *

Assigned Unit/Department *

Unit/Department of Exposure *

COVID-19 Patient Last Name *
Positive patient to whom you were exposed

COVID-19 Patient First Name *
Positive patient to whom you were exposed

Exposure Details
Please provide details on how you were exposed

Were you in a room with aerosol generation/poorly controlled secretions? *
Aerosol = CPR, intubation, extubation, bronchoscopy, nebulizer therapy, and/or sputum induction

Yes No

Select all Personal Protective Equipment (PPE) worn during the time of exposure *

Select

Were you within 6 feet of the patient? *

Yes No

Patient Care Time (Minutes/Hours) *

Was the Patient in a Negative Pressure Isolation room? *

Yes No Unsure

Did you have extensive body contact (e.g., turning patient)? *

Yes No

Was the patient wearing a surgical mask? *

Yes No

Did you have a needle stick exposure from the patient? *

Yes No

Did you have a splash from the patient? *

Yes No

If YES, was this on intact skin, open skin, or mucous membrane (e.g., eye/nose/mouth)?

Intact Skin Open Skin Mucous Membran

Were you wearing all recommended PPE with no apparent exposures? *

Select

Please check this box if you are interested in being contacted about COVID-19 related research studies.

Submit