# Occupational Health COVID-19/Influenza like Illness Triage Form

## Employee Information
- **Name:**
- **DOB:**
- **Cell Phone:**
- **Date/Time of Employee Contact:**

## Role Information
- **Department:**
- **Supervisor/Contact info:**

## Exposure Information
- **Have you called the COVID hotline before?** Y N
- **Date:**
- **Currently:**
  - At work
  - At home
- **Last Shift Worked:**

### Exposure Details
- **Close contact (<6 ft for ≥10 min) with PUI or COVID+ w/out adequate PPE:**
  - Patient
  - Employee
  - Household
  - Community

- **Travel within last 2 weeks (dates/locations):**

## Previous Tests for COVID-19
- **Result:**
  - **Date:**
- **Result:**
  - **Date:**

## Symptoms
- **Sx Start Date:**
- **Performing job duties while symptomatic?** Y N

### Symptom List
- Fever (subjective OR measured ≥ 99.5 °F)
- Temp measured ___ °F
- Cough
- Shortness of breath
- Myalgia (muscle pains)
- Malaise (fatigue/feeling tired)
- Sore throat
- Runny nose / nasal congestion
- Nausea | Vomiting | Diarrhea (check & circle)
- Rash
- Loss of smell or taste
- Headache
- Other:

### Management
- **RN Name:**
- **Signature:**
- **Date:**

### Administrative
- **Manager informed**
- **Entered into spreadsheet**
- **Initials**

## Guidance
- **Anticipatory guidance on self-monitoring, hand hygiene, droplet precaution, preventing transmission**
- **Self-isolation until Occ Health notifies about test result**
- **Able to self-quarantine for prescribed period of time from last contact**
- **Employee updated on management & guidance**

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**Dates:**
- OCC HEALTH RTW: _____
- OCC HEALTH PLACED OOW: TODAY
- 7D AFTER POS. CONTACT Dx: _____

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**RN initials**