

**Reporting Form: Suspected Case of COVID-19**

**Version\_2020-05-01**

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| --- | --- | --- | --- | --- | --- |
| Name: | Work Location: | | | | |
| Job Title: | Date of Birth: | | | | |
| Address: | | | | | |
| Telephone Number:  (Work) | | Telephone Number:  (Home) | | | Cellular: |
| **Symptoms**  □ Fever ≥ 38º C / 100.4º F  □ Cough (new / worse)  □ Difficulty breathing (for example, struggling for each breath, cannot hold breath for more than 10 seconds)  □ Sudden loss of smell □ Severe chest pain □ Extreme fatigue (e.g. having a very hard time waking up )  **OR**  **Employee is meeting one of the 3 following conditions:**  □ You have traveled outside your country in the last 14 day? **OR**  □ Someone you are in close contact/living with has COVID-19 ?**OR**  □ You have been in close contact with a person who has respiratory symptoms (for example, fever, cough or difficulty breathing) **who recently traveled outside of your country?**  **OR**  □ Employee is experiencing other COVID-19 potential symptoms required to be considered by your State or Provincial Public Health Agency with their specific COVID-19 self-assessment tool    Date scheduled for clinical assessment (by phone or in clinic): | | | | | |
| **If applicable: Travel within the last 14 days outside the country:** □ **Yes** □ **No**  Countries visited:  Means of transportation:  Places visited: | | | | | |
| Signature: | | | Date: | Time: | |

**Please return this form to the Human Resources Department.**