

**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.**