

CENTRAL OFFICE SUPERVISOR REPORTING SHEET

Employee Name: _____ Supervisor Name: _____

WHO SHOULD QUARANTINE

Division and Section: _____ Reporting Date: _____

1. Individuals who have been in close contact with someone who has COVID-19.

- Close Contact: Close: contact with a diagnosed individual in closed area without maintaining a 6-foot distance. Contact: cumulative 15 minutes or longer of exposure within 24-hour period.

2. Individuals who have tested positive for COVID-19.

3. Individuals experiencing symptoms of COVID-19:

- Temperature of 100.4 or greater
- Abnormal Cough
- Abnormal Shortness of Breath
- Abnormal Body Aches

HOW TO CALCULATE QUARANTINE DATES

EXAMPLE:

- Date of Incident (Day 0): **August 4**
 - o Date Employee Tested Positive
 - o Date Employee Began Experiencing Symptoms
 - o Date of Close Contact
- Dates of the 10 Day Quarantine would be **August 5 through August 14.**
- The Employee is cleared to report to the work location on **August 15** (or next scheduled day after that date.)

INDICATE EVENT YOU ARE REPORTING

1. Employee Experiencing Symptoms (__ Yes or __ No): Date Symptoms Began: _____
 - a. Employee has been Quarantined: _____ Dates of Quarantine: _____
2. Employee has been in Close Contact: _____ Date of Contact: _____
 - a. Was Close Contact related to Home or Work: _____
 - b. Employee has been Quarantined: _____ Dates of Quarantine: _____
3. Employee has Tested Positive (__ Yes or __ No): _____ Date the Employee was Tested: _____
 - a. **Documentation of test result provided:**
 - b. Workstation (Office or Cubicle): _____ Location: _____
 - c. Employee was Last in the Work Location: _____ Date: _____
 - d. Employee has been Quarantined: _____ Dates of Quarantine: _____
 - e. Employee will be Teleworking or on Leave: _____ Status: _____

f. List Staff in Close Contact with Employee & Date of Contact:
