



**AU COVID-19 Supervisor Resources:**

**COVID-19 Intake Form**

<b>EMPLOYEE INFORMATION:</b>	Name:		
	Banner ID Number:		
	Campus Address:		
	E-mail Address:		
	Phone Number:	H	
	W		
	C		
<b>SUPERVISOR:</b>	Name:		
	Department:		
	E-mail Address:		
	Phone Number:	W	
	C		
<b>COVID-19 LIAISON:</b>	Name:		
	Date Notified:		
	By Whom (initials):		
<b>DEPARTMENT HEAD:</b> <i>Do not disclose employee identity without permission.</i>	Name:		
	Date Notified:		
	By Whom (initials):		

**COVID-19 EVENT DOCUMENTATION**

<b>WHAT TYPE OF COVID-19 EVENT IS BEING REPORTED?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Employee is COVID-19 Positive	Employee is Being Tested for COVID-19	Employee has had a Close Contact Exposure to a COVID-19 Positive Individual
<b>SENTINEL EVENT DEFINITION:</b>	Date that the Positive COVID-19 Test was <b>CONDUCTED:</b>	Date that COVID-19 symptoms <b>FIRST APPEARED:</b>	Date of <b>LAST KNOWN</b> close contact exposure with the COVID-19 positive individual:
<b>DATE: (MM/DD/YY)</b>			
<b>SUPERVISOR ACTIONS:</b>	<ul style="list-style-type: none"> <li>• If the employee is at home, tell the employee not to report to the worksite</li> <li>• If at work, send the employee home immediately to self-quarantine (allow the employee time to collect personal belongings and resources needed for remote work before leaving worksite)</li> <li>• Advise employee to self-monitor temperature and symptoms</li> <li>• Recommend employee contact health care provider (HCP) for medical care</li> <li>• Consult with designated COVID-19 Liaison for additional action</li> </ul>		
<b>If employee is COVID-19 Positive, complete the back page of this form.</b>			

**TO BE COMPLETED FOR EMPLOYEE WHO IS COVID-19 POSITIVE:**

	<b>Work Environments:</b> <i>Examples:</i> <i>Office, Classroom, Lab,</i> <i>Conference Rooms</i>	<b>Shared Equipment:</b> <i>Examples:</i> <i>University Vehicle, Teaching</i> <i>Stations, Lab Equipment</i>
<b>Worksite Activity Log</b> (List all work environments where the COVID-19 employee has worked and all shared equipment the COVID-19 employee has used within the <b>72 Hours</b> prior to the <b>date and time the employee was quarantined</b> )		

<b>Worksite Close Contact(s)</b> (within <b>48 hours</b> before the sentinel event through the <b>date and time the employee was quarantined</b> )  <i>A "worksite close contact" is defined as someone with whom the employee interacted at an onsite work location(s) who <b>was within 6 feet</b> of the COVID-19+ employee for <b>15 minutes or longer.</b></i>	Name:		E-mail:	
	Name:		E-mail:	
	Name:		E-mail:	
	Name:		E-mail:	
	Notes:			

*If need additional space (use separate sheet).*

*To Be Completed by the COVID-19 Liaison:*

Mandatory Notifications	AU Campus Safety and Security	AUMC	AU Facilities
Date Notified			
By Whom: (Initials)			