

## COVID-19 TEAM MEMBER QUESTIONNAIRE

Name:

Location:

Date Reported:

**QUESTION: In the last 14 days...**

Diagnosed with COVID positive:      Yes            No            Not Tested Yet      Date:

Exposed to someone COVID positive:      Yes            No            Do Not Know      Date:

Exposure or positive minus 2 days:      Starting tracing date:

Review screening form date of incident minus 2 days:      No symptoms confirmed:      Yes            No

Describe your work day pattern since exposure or tested positive: (Include information on wearing of mask, 6 ft. distance and handwashing)

**SERIES OF YES / NO QUESTIONS**

**If YES, please provide details. Please provide details starting 2 days prior to onset of COVID-19 symptoms or since the date of exposure to someone with COVID positive. If test positive and do not have symptoms, provide details since the test date.**

Y	N	Have you been to work? <i>Dates/ Shifts</i>
Y	N	Have you come into contact with any other Resident or staff member? <i>Include Who, Where, When and what PPE you were wearing</i>
Y	N	Have you been inside any resident's home? <i>Include Who, Where and When</i>
Y	N	Have you been to other team members work space? <i>Include Who, Where and When</i>
Y	N	Have you been in any common areas? (Gym/ salon / craft room/ dining room etc.) <i>Include Where and When</i>
Y	N	Have you received any packages/handled mail? When:

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Y	N	Other: When/ Where
Y	N	Have you spent time sitting in the lobby / break area? <i>Please provide name(s) of anyone with you</i>
Y	N	Have you touched surfaces with high traffic area? (Elevators / floors / Wing)
Y	N	Have you been to a Hospital, Urgent Care or Doctor's Office/Clinic? <i>Where?</i>
Y	N	Have you traveled in the last 14 days? <i>Where?</i>
Y	N	Have you been in contact with anyone who has traveled in the last 14 days?
Y	N	Have you been to any place else INSIDE our community that we have not asked about?

**Verbalize use of PPE and Infection control protocol:**

Yes, I followed protocol

No, I did not follow protocol

I do not know if I followed protocol

I am concerned about protocol used

**List of residents to be tested or observed for symptoms:**

**List of Employees to be tested or observed for symptoms:**

**Locations need terminal clean or sealing off:**

**Other actions:**

Reviewer Name

Title

Date