

# GHA Autism Supports Employee Illness Reporting Form

For the health and safety of our community & those we serve, declaration of illness is required. Be sure the information below is accurate and complete. Please get immediate medical attention if you have any of the COVID-19 signs.

First & Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

**\*Failure to answer questions accurately/honestly will result in disciplinary action - (including possible termination)**

**Have you been vaccinated for COVID-19?**

Yes

No

Received 1st dose

**In the past 10 days, have you been around anyone sick or that has been told they have COVID?**

No

Yes

**If Yes to the question above, who/when?**

**Currently (today) or in the last 10 days, have you had ANY of the following symptoms?**

- Allergy symptoms
- Cold symptoms
- Fever or feeling feverish (Chills or sweating)
- Headache or Sinus pain/pressure Congestion or
- Runny Nose
- Cough
- Shortness of breath or trouble breathing
- Chest pain or Chest tightness
- Muscle or Body aches
- Sore Throat
- Nausea or Vomiting

- Diarrhea
- Stomach pain/cramping
- Fatigue (being more tired than normal)
- Loss of Taste or Loss of Smell

Other:

**Date your symptom(s) started**

   

Month    Day    Year

**Have you been seen by a provider for your illness?**

- Yes
- No
- Appt has been scheduled

**If yes, what date were you seen?**

  

Month    Day    Year

**Was a COVID test obtained?**

- Yes
- No

**What type of COVID test?**

- RapidTest (results within 2 hours)
- Send Out Test (results 24-72 hours)

**Were the results Positive or Negative?**

- Negative
- Positive
- Results Pending

**Did you receive discharge paperwork and/or a work release note?**

Yes

No

N/A Did not see provider

**If yes, what is your marked return to work date?**

   

Month Day Year

**If you did not see a provider, did you obtain a COVID test at a testing location?**

Yes

No

N/A (went to a provider for test)

**Were the results Positive or Negative?**

Negative

Positive

Results Pending

**Think of anyone you have been around while at work since 2 days before your symptoms started OR 2 days before you were tested for COVID. Make a list of these employees or Individuals here--**

**By signing below, I acknowledge that the information I've given is accurate and complete.**

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_