GHA Autism Supports Employee Illness and COVID Exposure 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 ______________

Work Location ______________

Date Last Worked ______________

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

Have you been vaccinated for COVID-19?

○ Yes

○ No

If you have been vaccinated, please indicate status below.

☐ 1st Dose

☐ 2nd Dose

☐ Booster

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?

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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

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What type of COVID test?

◯ Rapid Test (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

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

Employee Signature ____

Date ____________________

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