**Sample Employee COVID-19 Vaccination Tracking Form**

***This form can be used to verify employee COVID-19 vaccination status.***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Employee First Name | Employee Last Name | Vaccine Brand Type | Date 1st Vaccine Received | Date 2nd Vaccine Received | Vaccine Declined | Date Booster Received |
|  |  | Pfizer  Moderna  Johnson and Johnson |  |  |  |  |
|  |  | Pfizer  Moderna  Johnson and Johnson |  |  |  |  |
|  |  | Pfizer  Moderna  Johnson and Johnson |  |  |  |  |
|  |  | Pfizer  Moderna  Johnson and Johnson |  |  |  |  |
|  |  | Pfizer  Moderna  Johnson and Johnson |  |  |  |  |
|  |  | Pfizer  Moderna  Johnson and Johnson |  |  |  |  |
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|  |  | Pfizer  Moderna  Johnson and Johnson |  |  |  |  |
|  |  | Pfizer  Moderna  Johnson and Johnson |  |  |  |  |
|  |  | Pfizer  Moderna  Johnson and Johnson |  |  |  |  |

**Sample COVID-19 Weekly Testing Tracking Form**

***This form can be used to track COVID-19 weekly testing results of unvaccinated employees.***

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| --- | --- | --- | --- | --- | --- | --- |
| Employee First Name | Employee Last Name | Test Date | Test Location | Type of Test | Test Results (with Date) | Employee is Symptomatic? If Yes, Describe |
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**Sample COVID-19 Contact Tracing Form**

***This form can be used to trace recent contacts of employees who test positive for COVID-19.***

Contact trace when employee reports positive test.

1. Identify who at the practice was near the employee from two days prior to the employee’s onset of symptoms or positive test until the employee was last at the practice.
2. Determine who had close contact with employee.
3. Notify by telephone individuals who had close contact and advise them to consult with medical care provider.

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| --- | --- | --- | --- | --- |
| Individual’s Name | Close Contact (within 6 feet)? Yes or No | Description of Contact with Employee (with time duration) | Location and Duration of Contact | Notification Date |
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**Sample Employee Covid-19 Screening Questionnaire Form**

In order to prevent the spread of the coronavirus and reduce the potential risk of exposure to our workforce, we are asking everyone to complete and submit this questionnaire prior to entering the worksite. Please do not enter the worksite until your responses have been reviewed and your entry has been approved. Please respond to each of the following questions truthfully and to the best of your ability. Your participation is important to help us take precautionary measures to protect you and our other employees.

Employee Name Date:

|  |  |
| --- | --- |
| 1 | Are you currently experiencing, or have you experienced in the past 14 days, any of the following symptoms? (Please take your temperature before you answer this question.)  Yes No Fever (above 100.4°F) Yes No Shortness of breath  Yes No Cough Yes No New loss of taste or smell  Yes No Sore throat Yes No Head or muscle aches  Yes No Chills Yes No Nausea, vomiting, diarrhea |
| 2 | In the past 14 days, have you been in close proximity to anyone who was experiencing any of the above symptoms or has experienced any of the above symptoms since your contact?  Yes No |
| 3 | In the past 14 days, have you been in close proximity to anyone who has tested positive for COVID-19?  Yes No |
| 4 | Have you been tested for COVID-19 and are waiting to receive test results?  Yes No |
| 5 | Have you have tested positive for COVID-19, or are you presumptively positive for COVID-19 based on your health care provider’s assessment or your symptoms?  Yes No  NOTE: If you have tested positive for COVID-19, please contact your manager when: (1) you have had no fever for at least 72 hours without the use of fever-reducing medications; (2) your other symptoms have improved; and at least 7 days have elapsed since your symptoms first appeared. |
| 6 | In the past 14 days, have you been on a commercial flight or traveled outside of the United States?  Yes No |
| 7 | In the past 14 days, have you been in close proximity to anyone who has been on a commercial flight or traveled outside of the United States?  Yes No |
| 8 | Is there any reason why you feel you are at higher risk of contracting COVID-19 or experiencing complications from COVID-19 by entering the facility? If “yes”, please provide a brief explanation.  Yes No  Explanation: |

I hereby certify that the responses provided above are true and accurate to the best of my knowledge.

Signature: Date:   
  
Note: The information collected on this form will be used to determine only whether you may be infected with COVID-19. The information on this form will be maintained as confidential. Any questions should be directed to your manager or your human resources representative.

**Sample COVID-19 Cases (Employees) Log**

***This form can be used to log employee COVID-19 positive cases.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employee Name and Occupation | Employee Contact Information (Address, Phone, Email) | Employee’s Most Recent Workday (Date) | Date of COVID-19 Diagnosis or Positive Test | Date of Onset of Symptoms (if Applicable) | Brief Description or Additional Information (i.e. where COVID-19 was contracted) |
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