

# COVID-19 SYMPTOMS REPORT

Report for employees/visitors presenting COVID-19 symptoms at work.

I am a:  Employee  Visitor

Name \_\_\_\_\_  
Location of Isolation \_\_\_\_\_  
Job Title \_\_\_\_\_ Worksite \_\_\_\_\_  
Address \_\_\_\_\_

## Symptoms Observed:

- Cough
- Shortness of breath, difficulty breathing
- Temperature over 100.4°F
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

Time of Fever on-set \_\_\_\_\_

Time of Isolation \_\_\_\_\_

Where Referred To: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

## Reporter Information:

Name \_\_\_\_\_ Job Title \_\_\_\_\_  
Telephone # \_\_\_\_\_

\* Symptoms will be updated periodically based on recommendations from the CDC and WHO.

\* Employees who become ill at work should reference the Self-Quarantine and Return to Work Protocols.

Prepared by



Franchise Specialty Brands

