Coastal Bend Council of Governments' COVID 19 Employee Health Tracking Form

Employee Name _____ **Date** _____

Job Title _____

Supervisor's Name _____

Date of Temperature Checks	Body Temperature	Dates of COVID 19 Symptoms	COVID 19 Symptoms	Yes	No
			Cough		
			Shortness of breath		
			Difficulty of breathing		
			Body Chills		
			Repeated shaking with chills		
			Muscle pain		
			Headache		
			Sore throat		
			Loss of taste or smell		
			Diarrhea		
			Temperature greater than or equal to 100		

Did you get tested for COVID 19 YES or NO circle either yes or no

If yes, were you tested positive for COVID 19? YES or NO Circle either yes or no

If no, you were not tested for COVID 19 and have the symptoms noted above, you are assumed to have COVID19
EMPLOYEES TESTED POSITIVE FOR COVID 19 OR EMPLOYEES ASSUMED TO HAVE COVID 19 MUST MEET ALL THREE CONDITIONS LISTED ON THE CBCOG'S HEALTH PROTOCOLS FOR EMPLOYEES PART II BEFORE RETURNING BACK TO WORK
If no, you were not tested for COVID 19 and have the COVID 19 symptoms noted above; but you were evaluated by a medical professional and your doctor confirms the cause of your fever or other COVID 19 symptoms is not COVID 19 and provides you with a written release to return to work, you may return to work provided that your written release is attached to this form.

Date employee returned to work _____

Where you in close contact with a person who IS lab confirmed to have COVID 19?
Yes or No Circle either yes or no
If yes, date of exposure _____
and the 14 day self-quarantine period is required of you before returning back to work.
You are required to work from home.
Date employee may return back to work _____

If you tested positive with COVID 19, LIST ALL CBCOG EMPLOYEES IN WHICH YOU WERE IN CLOSE CONTACT WITH
1. _____
2. _____
3. _____
4. _____
5. _____
6 _____
7. _____

This form is be completed by the employee and submitted to John Buckner, Executive Director

I certify the information completed on the CBCOG's COVID 19 Employee Health Tracking Form is true and accurate.

Signature of Employee _____ **Date** _____