

PEF MEMBER COVID-19 EXPOSURE TRACKING FORM

Please use this form to track any work-related exposures to COVID-19 that you have. **Keep a copy of this for your files**, attach it to your Workers Compensation Claim (C-3) and provide a copy to your Worker's Compensation attorney if you have one. You may also send a copy to the PEF Health Department if you so choose, to HealthAndSafety@pef.org. Sending a copy of this form to your attorney or the PEF H&S Dept. DOES NOT INITIATE A CLAIM.

1. INDIVIDUAL INFORMATION:

Name: _____, Agency: _____

Residing at the following address: _____

Home or Cell phone number: _____

Home email address: _____

Regularly assigned work location and address: _____

Designated as an Essential Worker () Yes () No

2. EXPOSURE DETAILS:

While working at: () my regularly assigned work location or () other location [below]

(Specific place and address of exposure (Ex. Reception area of the ABC Agency, 123 Rt. 7, Latham,, NY 12110))

In the capacity of a: _____ for _____
(Job Title) (Agency)

On the date of: _____ at: _____
(mm/dd/yyyy) (Time of Exposure (Ex. 9:00 am))

Name(s) and title(s) of witness(es) to exposure:

I was in direct contact at work in the immediate physical presence of and exposed to:

First and last name of person believed to be COVID-19 positive. Describe the person if the name is unknown or is required to be kept confidential.

What if any specific COVID-19 symptoms was this person was exhibiting (choose all that apply):

coughing wheezing difficulty breathing

other: _____

Or upon information and belief, that this person was (choose all that apply):

- Confirmed COVID-19 Positive (Asymptomatic)
- Confirmed COVID-19 Positive (Symptomatic)
- Had tested positive for COVID-19

I know this because:

(How you know the person tested positive for COVID-19)

3. The work-related relationship of the person above is:

- patient client coworker tenant other: _____
- employee of: _____ subcontractor of: _____
(Employees' employer name) (Subcontractor employer name)

4. This described exposure occurred:

- at the direction of: _____
(First and last name and title of person/supervisor, etc. directing you at the time)
- as part of my regular duties which include:

- as part of my special assignment duties which include:

- (Describe the regular job duty(ies) you were performing at time exposure occurred)

5. REPORTING INFORMATION

I filed an incident report number for the abovementioned occurrence. () Yes () No

Incident Report Number & Date Filed _____

I filed with the Accident Reporting System (ARS). () Yes () No

ARS Number & Date Filed _____

6. NOTES (please include if you developed symptoms and when, if you received a COVID positive test result, and any other information you feel is necessary (use another page if needed).

Signed: _____ Dated: _____