COVID-19 Case Management Form

Reset Form

SECTION 1: UPON NOTIFICATION (PHO/CoC)

[1] Today's Date

[2] Name (Last, First, MI)	[3] Branch	[4] Unit	[5] Status	[6] Phone #

[7] POC (Name and Phone #) — [12] Date of Exposure:

[8] Tested: ☐ Yes ☐ No ☐ NA — [13] Date Quarantine Started:

[9] Date tested:

[10] Date Test Results Received: — [14A] Date symptoms started:

[11] Result: ☐ POSITIVE ☐ NEGATIVE

[15] Name of WYMD Close Contacts starting 3 days prior to symptom onset:

1	7
2	8
3	9
4	10
5	11
6	12

[14B] Symptoms:
- ☐ Fever of 100.4
- ☐ Feeling feverish or chills
- ☐ New/worsening cough
- ☐ Difficulty breathing
- ☐ Sore throat
- ☐ New/worening muscle aches
- ☐ New/worsening headache
- ☐ Loss of taste or smell

[16] Additional Comments (use reverse side if needed)

[17] DSS / PHO Notified ☐ Yes ☐ No

[18] Work area evacuated/disinfected according to WYMD Environmental Cleaning Guidelines? ☐ Yes ☐ N/A

[19] Section Completed By: — [20] Date:

SECTION 2: FOLLOW-UP (PHO/CoC)

Contact Employee/Service Member on days 4, 7, 10, and 14 for just-in-time health status

[21] Day 4 7 10 14 of self-quarantine. >14 Days Entry

[22] Is Employee/SM experiencing symptoms?
- ☐ Fever of 100.4°F
- ☐ Feeling feverish or chills
- ☐ New/worsening cough
- ☐ Difficulty breathing
- ☐ Sore throat
- ☐ New/worening muscle aches
- ☐ New/worsening headache
- ☐ Loss of taste or smell

[23] Are symptoms improving? ☐ Yes ☐ No

[24] Using fever-reducing meds (Tylenol or Ibuprofen)? ☐ Yes ☐ No

[25] DSS / PHO notified of updated information? ☐ Yes ☐ No

[26] Section Completed By: — [27] Date:

SECTION 3: CLEARING PERSONNEL TO RETURN TO WORK DURING COVID-19 PANDEMIC (DSS/PHO/G3)

[28] Asymptomatic or Close Contact ☐
- Has 14 days passed since being identifed as a "close contact"? ☐ Yes ☐ No ☐ NA
- Has 10 days passed since receiving positive test results? ☐ Yes ☐ No ☐ NA

[29] Symptomatic with or without testing ☐
- Has SM been fever free without fever-reducing medication for at least 24 hours? ☐ Yes ☐ No
- Are symptoms improving? ☐ Yes ☐ No
- Have 10 days passed since symptoms first appeared? ☐ Yes ☐ No

[30] Has employee/SM provided official test results? ☐ Yes ☐ No ☐ N/A

[31] ☐ Cleared to return to duty ☐ Not Cleared to return to work/duty.

[32] Section Completed By: — [33] Date:

As of 08OCT20

SECTION 1: Instructions and Notes

Boxes 1-7 Complete demographic/contact information

Boxes 8-11 Document testing information

Box 12 Document Date of Exposure if known, use "Est." for an estimated date

Box 13 Document start date of Quarantine

Boxes 14A & B Determine symptoms as applicable

Box 15 Identify Close Contacts

a. Notify individuals that they were in contact with a positive COVID-19 Case

b. Instruct Close Contacts to self-quarantine AND self-monitor with aid of Screening Questionnaire on daily basis for 14 days.

Box 16 Additional comments should be written on the back side of the form

Box 17 Notify DSS of pertinent information

Box 18 Document evacuation and disinfection of work area

Boxes 19-20 Name and date of person collecting information/completing the section

NOTES:

SECTION 2: Instructions and Notes

Box 21 Number of days in quarantine (mark applicable number)

Box 22 Continued symptoms

Box 23 Whether or not symptoms are improving (box 23)

Box 24 If SM is using fever-reducing medications (Tylenol or Ibuprofen)

Box 25 Ensure updated information is communicated to the DSS (box 25)

Box 26-27 Name and date of person collecting information/completing the section

NOTES:

SECTION 3: Instructions and Notes

Box 29 Case is not getting further testing, Symptom resolvement

Box 30 Case is not getting further testing and remained asymptomatic

Box 30 Has all documentation for case been collected?

Box 31 Is this case cleared to RTD?

Box 32-33 Name and date of person collecting information/completing the section

NOTES: