



COVID – 19 SELF DISCLOSURE FORM

The Pueblo of Isleta’s goal is to protect the health and safety of our employees. During the COVID-19 pandemic crisis, the Pueblo is implementing emergency measures to ensure that we are doing everything we can to maintain a safe work environment.

This form is to be used to evaluate when an employee can return to work when they: 1) have possibly been exposed to COVID-19 and/or 2) have traveled out of the state of New Mexico.

Employee Name: _____ **Position:** _____

Employee Phone: _____ **Employee Email:** _____

POI Dept.: _____ **Supervisor:** _____

Date of COVID-19 Exposure: _____

Travel Location: _____ **Date/s of Travel:** _____

Purpose of Travel:

Employee Signature: _____ **Date:** _____

POI ADMINISTRATIVE REVIEW

Reviewed by: _____ **Review Date:** _____

Received 1st dose of COVID-19 vaccine

Received 2nd dose of COVID-19 Vaccine

Recommendation:

Not Report to Work

Report to Work

Approved by: _____ **Approved Date:** _____

Employee Authorized to Return to Work On: _____