



CHC COVID-19 SELF-REPORT FORM

To help CHC employees who are exposed to or tested positive for COVID-19, CHC is requesting the employees complete the form below. HR will be in contact with further guidance.

Today's Date:		
Employee's Full Name:		
Department/Job Title:		
Your phone number:	Office Location:	
I am completing this form because:		
If you are a "close contact" for someone who had tested positive for COVID-19 or is experiencing COVID-19 symptoms when was the last day you were in "close contact" with this person? (Close contact is within six feet of an infected person for a cumulative total of 15 minutes or more over 24 hours starting from 2 days before illness onset)		Date:
Have you tested positive for COVID-19 in the past 90 days?	<input type="checkbox"/> Yes, on this date:	<input type="checkbox"/> No
Which (if any) COVID-19 symptoms are you experiencing? (Check all that apply)		
<input type="checkbox"/> Fever (?100.4/38° C)?	<input type="checkbox"/> Runny Nose	
<input type="checkbox"/> Cough	<input type="checkbox"/> Headaches	
<input type="checkbox"/> Shortness of Breath	<input type="checkbox"/> Abdominal Pain	
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Loss of Smell	
<input type="checkbox"/> Chills	<input type="checkbox"/> Loss of Taste	
<input type="checkbox"/> Vomiting	<input type="checkbox"/> Other	
Date symptoms began/date of close contact?		
Last date on CHC site/office?		
What locations/rooms were you in on your last working day? (e.g., breakroom, training room)		
A "close contact" is someone within six feet of an infected person for a cumulative total of 15 minutes or more over 24 hours starting from 2 days before illness onset. Based on this definition, please list any CHC employees that you would consider a "close contact" to yourself 48 hours before the onset of your symptoms.		
Do you have any additional information you would like to report?		

Please send the CHC COVID-19 Self-Report form to hr@chhydro.com