COVID-19 EMPLOYEE INTAKE REPORT



THIS IS A CONFIDENTIAL FORM. This form is to be utilized by the General Manager or staff member in charge of the facility if the GM is not on duty when an employee calls or informs the club they have been exposed to someone who tested positive for COVID-19, and/or themselves tested positive for COVID-19. Please note that all information captured on this form is to remain confidential.

Send with any documentation:

East Coast Director of Operations: West Coast Director of Operations:

Deborah Heisler, <u>Deborah.Heisler@activewellness.com</u>, OR Marcia Franks, <u>Marcia.Franks@activewellness.com</u>, AND Meredith DePersia. HRManager@activewellness.com

	VP of Human Resources:	Meredith DePersia, <u>HRManager@activewellness.com</u>
SITE INFORMATION		
Site Name:		Location Code:
Location Address:		
Site Phone Number:		
Your Name:		Job Title:
Signature:		Manager's Signature:
EMPLOYEE INFORM	ATION	
Name:		Employee Number:
Phone Home:		Cell:
REPORT INFORMAT	ION	
Date:		Time of Report:
	date were you exposed to someone who tested	
What wa	as the level of exposure (i.e. < or > 10 minutes	
If applicable, on what of	date were you tested for COVID-19?	On what date did you receive your results?
Do you have, or have y	you had, symptoms of COVID-19?	
☐ YES	IF YES:	
		ic health department to quarantine? YES NO
		ntine order expire?
	Per the CDC, you may be around of • 3 days with no fever and	ners alter.
	Symptoms improved and10 days since symptoms	
□ NO	Depending on your healthcare prov still have COVID-19. If you will be to	rist appeared vider's advice and availability of testing, you might get tested to see if you ested, you can be around others when you have no fever, symptoms have lative test results in a row, at least 24 hours apart.
	IF NO:	
	distance from others at all times, and Person with COVID-19 we they meet criteria for disconnectible illness) Person who has tested p	you are to stay home until 14 days after last exposure, maintain social and self-monitor for symptoms if you are exposed to a: who has symptoms (in the period from 2 days before symptom onset until continuing home isolation; can be laboratory-confirmed or a clinically positive for COVID-19 (laboratory confirmed) but has not had days before the date of specimen collection until they meet criteria solation)
	PRESUMPTIVE OR POSITIVE TE the site after 10 days of testing pos	ST: Per the CDC, if you continued to have no symptoms you may return to itive.
		duled? If YES, when?
	Per the CDC, if you will be tested a in a row, at least 24 hours apart.	gain, you can be around others after you receive two negative test results

Can you provide us with the date(s) and time(s) that you were on site, either working or for personal use, and what areas you accessed, within the two weeks prior to your possible exposure to someone with COVID-19 and/or testing positive for COVID-19?

	Date	Time	Area(s) of Facility
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Did you have any prolo	onged direct contact with me	mbers or staff?
If YES , do you know w	hich members or staff?	
		Name (a) of Claff and (an March are and Time (America) of Europe
Date	Time	Name(s) of Staff and/or Members and Type/Amount of Exposure
Did you maintain 6 fee	t of social distance from othe	ers at all times while in the facility? YES NO
	ask at all times while in the f	
it there was any time ti	nat you were not wearing a n	nask, when and what areas in the facility was that?
Date	Time	Area(s) of Facility
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Based on your answers you may be prohibited from returning to work until you have surpassed the CDC guidelines after exposure and/or presumptive or positive test. Please forward all relevant medical documentation to HRManager@activewellness.com. The manager will reach out to you with next steps. We appreciate your cooperation in protecting yourself, other members, and the Active team during this unprecedented time.